| Fill in this information to identify your case: | | |
|---|---------------------------------|---------------------------------|
| United States Bankruptcy Court for the: | | |
| EASTERN DISTRICT OF CALIFORNIA | - | |
| Case number (if known) | _ Chapter you are filing under: | |
| | ☐ Chapter 7 | |
| | ☐ Chapter 11 | |
| | ☐ Chapter 12 | |
| | Chapter 13 | Check if this an amended filing |

Official Form 101

Voluntary Petition for Individuals Filing for Bankruptcy

12/17

The bankruptcy forms use you and Debtor 1 to refer to a debtor filing alone. A married couple may file a bankruptcy case together—called a *joint case*—and in joint cases, these forms use you to ask for information from both debtors. For example, if a form asks, "Do you own a car," the answer would be yes if either debtor owns a car. When information is needed about the spouses separately, the form uses *Debtor 1* and *Debtor 2* to distinguish between them. In joint cases, one of the spouses must report information as *Debtor 1* and the other as *Debtor 2*. The same person must be *Debtor 1* in all of the forms.

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, attach a separate sheet to this form. On the top of any additional pages, write your name and case number (if known). Answer every question.

| Par | t 1: Identify Yourself | | |
|-----|--|--|---|
| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): |
| 1. | Your full name | | |
| | Write the name that is on your government-issued picture identification (for example, your driver's license or passport). Bring your picture identification to your meeting with the trustee. | First name Middle name Silva Last name and Suffix (Sr., Jr., II, III) | First name Middle name Last name and Suffix (Sr., Jr., II, III) |
| | | | |
| 2. | All other names you have used in the last 8 years | | |
| | Include your married or maiden names. | | |
| 3. | Only the last 4 digits of your Social Security number or federal Individual Taxpayer Identification number (ITIN) | xxx-xx-2136 | |

Case number (if known)

| | | About Debtor 1: | About Debtor 2 (Spouse Only in a Joint Case): | |
|----|--|--|---|--|
| 4. | Any business names and Employer Identification Numbers (EIN) you have used in the last 8 years Include trade names and doing business as names | ■ I have not used any business name or EINs. Business name(s) EINs | ☐ I have not used any business name or EINs. Business name(s) EINs | |
| 5. | Where you live | 1772 W. Julieann Ave. Porterville, CA 93257 Number, Street, City, State & ZIP Code Tulare County If your mailing address is different from the one above, fill it in here. Note that the court will send any notices to you at this mailing address. | If Debtor 2 lives at a different address: Number, Street, City, State & ZIP Code County If Debtor 2's mailing address is different from yours, fill it in here. Note that the court will send any notices to this mailing address. | |
| | | Number, P.O. Box, Street, City, State & ZIP Code | Number, P.O. Box, Street, City, State & ZIP Code | |
| 6. | Why you are choosing this district to file for bankruptcy | Check one: Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. I have another reason. Explain. (See 28 U.S.C. § 1408.) | Check one: ☐ Over the last 180 days before filing this petition, I have lived in this district longer than in any other district. ☐ I have another reason. Explain. (See 28 U.S.C. § 1408.) | |

Case number (if known)

Part 2: Tell the Court About Your Bankruptcy Case Check one. (For a brief description of each, see Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy The chapter of the Bankruptcy Code you are (Form 2010)). Also, go to the top of page 1 and check the appropriate box. choosing to file under ☐ Chapter 7 ☐ Chapter 11 ☐ Chapter 12 Chapter 13 How you will pay the fee I will pay the entire fee when I file my petition. Please check with the clerk's office in your local court for more details about how you may pay. Typically, if you are paying the fee yourself, you may pay with cash, cashier's check, or money order. If your attorney is submitting your payment on your behalf, your attorney may pay with a credit card or check with a pre-printed address. I need to pay the fee in installments. If you choose this option, sign and attach the Application for Individuals to Pay The Filing Fee in Installments (Official Form 103A). I request that my fee be waived (You may request this option only if you are filing for Chapter 7. By law, a judge may, but is not required to, waive your fee, and may do so only if your income is less than 150% of the official poverty line that applies to your family size and you are unable to pay the fee in installments). If you choose this option, you must fill out the Application to Have the Chapter 7 Filing Fee Waived (Official Form 103B) and file it with your petition. Have you filed for ☐ No. bankruptcy within the last 8 years? Yes. Eastern District of When 4/09/18 Case number 18-11361 District California When District Case number When District Case number 10. Are any bankruptcy ■ No cases pending or being filed by a spouse who is ☐ Yes. not filing this case with you, or by a business partner, or by an affiliate? Relationship to you Debtor When District Case number, if known Debtor Relationship to you When Case number, if known District Do you rent your Go to line 12. No. residence? Has your landlord obtained an eviction judgment against you? ☐ Yes. No. Go to line 12. Yes. Fill out Initial Statement About an Eviction Judgment Against You (Form 101A) and file it as part of this bankruptcy petition.

Case number (if known)

Part 3: Report About Any Businesses You Own as a Sole Proprietor 12. Are you a sole proprietor of any full- or part-time No. Go to Part 4. business? Name and location of business ☐ Yes. A sole proprietorship is a business you operate as Name of business, if any an individual, and is not a separate legal entity such as a corporation, partnership, or LLC. Number, Street, City, State & ZIP Code If you have more than one sole proprietorship, use a separate sheet and attach it to this petition. Check the appropriate box to describe your business: Health Care Business (as defined in 11 U.S.C. § 101(27A)) Single Asset Real Estate (as defined in 11 U.S.C. § 101(51B)) Stockbroker (as defined in 11 U.S.C. § 101(53A)) Commodity Broker (as defined in 11 U.S.C. § 101(6)) None of the above 13. Are you filing under If you are filing under Chapter 11, the court must know whether you are a small business debtor so that it can set appropriate Chapter 11 of the deadlines. If you indicate that you are a small business debtor, you must attach your most recent balance sheet, statement of Bankruptcy Code and are operations, cash-flow statement, and federal income tax return or if any of these documents do not exist, follow the procedure you a small business in 11 U.S.C. 1116(1)(B). debtor? I am not filing under Chapter 11. No. For a definition of small business debtor, see 11 I am filing under Chapter 11, but I am NOT a small business debtor according to the definition in the Bankruptcy □ No. U.S.C. § 101(51D). I am filing under Chapter 11 and I am a small business debtor according to the definition in the Bankruptcy Code. ☐ Yes. Part 4: Report if You Own or Have Any Hazardous Property or Any Property That Needs Immediate Attention 14. Do you own or have any ■ No. property that poses or is alleged to pose a threat ☐ Yes. of imminent and What is the hazard? identifiable hazard to public health or safety? Or do you own any If immediate attention is property that needs immediate attention? needed, why is it needed? For example, do you own perishable goods, or livestock that must be fed, Where is the property? or a building that needs urgent repairs? Number, Street, City, State & Zip Code

Case number (if known)

Part 5:

Explain Your Efforts to Receive a Briefing About Credit Counseling

 Tell the court whether you have received a briefing about credit counseling.

The law requires that you receive a briefing about credit counseling before you file for bankruptcy. You must truthfully check one of the following choices. If you cannot do so, you are not eligible to file.

If you file anyway, the court can dismiss your case, you will lose whatever filing fee you paid, and your creditors can begin collection activities again.

About Debtor 1:

You must check one:

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, and I received a certificate of completion.

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy. If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

☐ I am not required to receive a briefing about credit counseling because of:

| | ca | | |
|--|----|--|--|
| | | | |
| | | | |

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver credit counseling with the court.

About Debtor 2 (Spouse Only in a Joint Case):

You must check one:

| I received a briefing from an approved credit |
|---|
| counseling agency within the 180 days before I filed |
| this bankruptcy petition, and I received a certificate of completion. |
| • |

Attach a copy of the certificate and the payment plan, if any, that you developed with the agency.

☐ I received a briefing from an approved credit counseling agency within the 180 days before I filed this bankruptcy petition, but I do not have a certificate of completion.

Within 14 days after you file this bankruptcy petition, you MUST file a copy of the certificate and payment plan, if any.

□ I certify that I asked for credit counseling services from an approved agency, but was unable to obtain those services during the 7 days after I made my request, and exigent circumstances merit a 30-day temporary waiver of the requirement.

To ask for a 30-day temporary waiver of the requirement, attach a separate sheet explaining what efforts you made to obtain the briefing, why you were unable to obtain it before you filed for bankruptcy, and what exigent circumstances required you to file this case.

Your case may be dismissed if the court is dissatisfied with your reasons for not receiving a briefing before you filed for bankruptcy.

If the court is satisfied with your reasons, you must still receive a briefing within 30 days after you file. You must file a certificate from the approved agency, along with a copy of the payment plan you developed, if any. If you do not do so, your case may be dismissed.

Any extension of the 30-day deadline is granted only for cause and is limited to a maximum of 15 days.

| I am not required to receive a briefing about credit |
|--|
| counseling because of: |

☐ Incapacity.

I have a mental illness or a mental deficiency that makes me incapable of realizing or making rational decisions about finances.

☐ Disability.

My physical disability causes me to be unable to participate in a briefing in person, by phone, or through the internet, even after I reasonably tried to do so.

☐ Active duty.

I am currently on active military duty in a military combat zone.

If you believe you are not required to receive a briefing about credit counseling, you must file a motion for waiver of credit counseling with the court.

| Der | tor 1 Jennifer Silva | | | Case number | er (if known) |
|-----|---|-----------------------|---|---|--|
| Par | 6: Answer These Quest | ions for R | eporting Purposes | | |
| 16. | What kind of debts do you have? | 16a. | | onsumer debts? Consumer debts are deficional, family, or household purpose." | ined in 11 U.S.C. § 101(8) as "incurred by an |
| | | | ☐ No. Go to line 16b. | | |
| | | | Yes. Go to line 17. | | |
| | | 16b. | | usiness debts? Business debts are debts estment or through the operation of the bus | |
| | | | ☐ No. Go to line 16c. | | |
| | | | ☐ Yes. Go to line 17. | | |
| | | 16c. | State the type of debts you o | owe that are not consumer debts or busines | ss debts |
| 17. | Are you filing under Chapter 7? | ■ No. | I am not filing under Chapter | 7. Go to line 18. | |
| | Do you estimate that after any exempt property is excluded and | ☐ Yes. | I am filing under Chapter 7. I are paid that funds will be av | perty is excluded and administrative expense? | |
| | administrative expenses | | □ No | | |
| | are paid that funds will be available for distribution to unsecured creditors? | | ☐ Yes | | |
| 18. | How many Creditors do | 1 -49 | | □ 1,000-5,000 | 25,001-50,000 |
| | you estimate that you owe? | □ 50-99 | | ☐ 5001-10,000 ☐ 10,001-25,000 | ☐ 50,001-100,000 |
| | | ☐ 100-19 ☐ 200-9 | | □ 10,001-25,000 | ☐ More than100,000 |
| 19. | How much do you | □ \$0 - \$ | | ☐ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion |
| | estimate your assets to be worth? | | 01 - \$100,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | ☐ \$1,000,000,001 - \$10 billion ☐ \$10,000,000,001 - \$50 billion |
| | | | 001 - \$500,000 001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion |
| 20. | | | 50,000 | □ \$1,000,001 - \$10 million | □ \$500,000,001 - \$1 billion |
| | to be? | | 01 - \$100,000 001 - \$500,000 | □ \$10,000,001 - \$50 million □ \$50,000,001 - \$100 million | □ \$1,000,000,001 - \$10 billion □ \$10,000,000,001 - \$50 billion |
| | | | 001 - \$300,000 001 - \$1 million | □ \$100,000,001 - \$500 million | ☐ More than \$50 billion |
| Par | 7: Sign Below | | | | |
| For | you | I have ex | amined this petition, and I dec | clare under penalty of perjury that the infor | mation provided is true and correct. |
| | | | | , I am aware that I may proceed, if eligible elief available under each chapter, and I cl | |
| | | | | not pay or agree to pay someone who is not pay or agree to pay someone who is not pay and pay | ot an attorney to help me fill out this |
| | | I request | relief in accordance with the o | chapter of title 11, United States Code, spe | ecified in this petition. |
| | | bankrupto and 3571 | cy case can result in fines up to | , concealing property, or obtaining money of to \$250,000, or imprisonment for up to 20 | or property by fraud in connection with a years, or both. 18 U.S.C. §§ 152, 1341, 1519 |
| | | /s/ Jenn Jennife | nifer Silva r Silva | Signature of Debto | or 2 |
| | | | e of Debtor 1 | C.g. Maria C. 20010 | - |
| | | Executed | | Executed on | |
| | | | MM / DD / YYYY | MN | // DD / YYYY |

Debtor 1 Jennifer Silva Case number (if known)

For your attorney, if you are represented by one

If you are not represented by an attorney, you do not need to file this page. I, the attorney for the debtor(s) named in this petition, declare that I have informed the debtor(s) about eligibility to proceed under Chapter 7, 11, 12, or 13 of title 11, United States Code, and have explained the relief available under each chapter for which the person is eligible. I also certify that I have delivered to the debtor(s) the notice required by 11 U.S.C. § 342(b) and, in a case in which § 707(b)(4)(D) applies, certify that I have no knowledge after an inquiry that the information in the schedules filed with the petition is incorrect.

| /s/ Scott Ly | rons | Date | August 8, 2018 |
|------------------|------------------------|---------------|------------------------------|
| Signature of A | Attorney for Debtor | | MM / DD / YYYY |
| Scott Lyon | s 103931 | | |
| Printed name | | | |
| Law Office | of Scott Lyons | | |
| Firm name | | | |
| 1010 West | Main Street | | |
| Visalia, CA | 93291 | | |
| | City, State & ZIP Code | | |
| Contact phone | 559-636-8122 | Email address | scottlyons@lyons4justice.com |
| 103931 CA | | | |
| Bar number & Sta | te | | |

Certificate Number: 17082-CAE-CC-030796222



CERTIFICATE OF COUNSELING

I CERTIFY that on March 29, 2018, at 10:38 o'clock AM MST, JENNIFER L SILVA received from Summit Financial Education, Inc., an agency approved pursuant to 11 U.S.C. § 111 to provide credit counseling in the Eastern District of California, an individual [or group] briefing that complied with the provisions of 11 U.S.C. §§ 109(h) and 111.

A debt repayment plan <u>was not prepared</u>. If a debt repayment plan was prepared, a copy of the debt repayment plan is attached to this certificate.

This counseling session was conducted by internet.

Date: March 29, 2018 By: /s/Lillie Hernandez

Name: Lillie Hernandez

Title: Certified Credit Counselor

^{*} Individuals who wish to file a bankruptcy case under title 11 of the United States Bankruptcy Code are required to file with the United States Bankruptcy Court a completed certificate of counseling from the nonprofit budget and credit counseling agency that provided the individual the counseling services and a copy of the debt repayment plan, if any, developed through the credit counseling agency. *See* 11 U.S.C. §§ 109(h) and 521(b).

Doc 1 Filed 08/08/18 Case 18-13252

| Fill in this information to identify your case: | | | | | |
|---|------------|--------------------|--------------|--|--|
| Debtor 1 Jennifer Silva | | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT O | F CALIFORNIA | | |
| Case number | | | | | |
| (if known) | | | | | |
| | | | | | |

☐ Check if this is an amended filing

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

| Pai | t 1: Summarize Your Assets | | |
|-----|--|-------------|---------------------------|
| | | | assets of what you own |
| 1. | Schedule A/B: Property (Official Form 106A/B) 1a. Copy line 55, Total real estate, from Schedule A/B | \$ | 255,825.00 |
| | 1b. Copy line 62, Total personal property, from Schedule A/B | \$ | 70,930.00 |
| | 1c. Copy line 63, Total of all property on Schedule A/B | \$ | 326,755.00 |
| Pai | t 2: Summarize Your Liabilities | | |
| | | | liabilities nt you owe |
| 2. | Schedule D: Creditors Who Have Claims Secured by Property (Official Form 106D) 2a. Copy the total you listed in Column A, Amount of claim, at the bottom of the last page of Part 1 of Schedule D | \$ | 415,198.56 |
| 3. | Schedule E/F: Creditors Who Have Unsecured Claims (Official Form 106E/F) 3a. Copy the total claims from Part 1 (priority unsecured claims) from line 6e of Schedule E/F | \$ | 0.00 |
| | 3b. Copy the total claims from Part 2 (nonpriority unsecured claims) from line 6j of Schedule E/F | \$ | 24,438.00 |
| | Your total liabilities | \$ | 439,636.56 |
| Pai | t 3: Summarize Your Income and Expenses | 1 | |
| 4. | Schedule I: Your Income (Official Form 106I) Copy your combined monthly income from line 12 of Schedule I | \$ | 3,192.21 |
| 5. | Schedule J: Your Expenses (Official Form 106J) Copy your monthly expenses from line 22c of Schedule J | \$ | 1,705.21 |
| Pai | t 4: Answer These Questions for Administrative and Statistical Records | | |
| 6. | Are you filing for bankruptcy under Chapters 7, 11, or 13? No. You have nothing to report on this part of the form. Check this box and submit this form to the court with you | ur other so | chedules. |
| 7. | ■ Yes What kind of debt do you have? | | |
| | Vous debte are primarily consumer debte. Consumer debte are those "poursed by an individual primarily for | | l familie an |

Your debts are primarily consumer debts. Consumer debts are those "incurred by an individual primarily for a personal, family, or household purpose." 11 U.S.C. § 101(8). Fill out lines 8-9g for statistical purposes. 28 U.S.C. § 159.

Your debts are not primarily consumer debts. You have nothing to report on this part of the form. Check this box and submit this form to the court with your other schedules.

Official Form 106Sum

Summary of Your Assets and Liabilities and Certain Statistical Information

Debtor 1 Jennifer Silva Case number (if known)

From the Statement of Your Current Monthly Income: Copy your total current monthly income from Official Form 122A-1 Line 11; OR, Form 122B Line 11; OR, Form 122C-1 Line 14.

9. Copy the following special categories of claims from Part 4, line 6 of Schedule E/F:

| From Part 4 on Schedule E/F, copy the following: | Total clain | 1 |
|--|-------------|------|
| 9a. Domestic support obligations (Copy line 6a.) | \$ | 0.00 |
| 9b. Taxes and certain other debts you owe the government. (Copy line 6b.) | \$ | 0.00 |
| 9c. Claims for death or personal injury while you were intoxicated. (Copy line 6c.) | \$ | 0.00 |
| 9d. Student loans. (Copy line 6f.) | \$ | 0.00 |
| 9e. Obligations arising out of a separation agreement or divorce that you did not report as priority claims. (Copy line 6g.) | \$ | 0.00 |
| 9f. Debts to pension or profit-sharing plans, and other similar debts. (Copy line 6h.) | +\$ | 0.00 |
| 9g. Total. Add lines 9a through 9f. | \$ | 0.00 |

| | | | 8/08/18 4:17P |
|---|--|-------------------------------|--|
| Fill in this information to identify your case and the | nis filing: | | |
| Debtor 1 Jennifer Silva | | | |
| First Name Middle Debtor 2 | e Name Last Name | | |
| | e Name Last Name | | |
| United States Bankruptcy Court for the: _EASTERN | DISTRICT OF CALIFORNIA | | |
| Case number | | | ☐ Check if this is an amended filing |
| Official Form 106A/B | | | - |
| Schedule A/B: Property | | | 12/15 |
| Answer every question. Part 1: Describe Each Residence, Building, Land, or Ot Do you own or have any legal or equitable interest in a | | | |
| □ No. Go to Part 2. ■ Yes. Where is the property? | What is the manager? | | |
| 1772 W. Julieann Ave. | What is the property? Check all that apply Single-family home | Do not doduct acquired o | laims or exemptions. Put |
| Street address, if available, or other description | Duplex or multi-unit building Condominium or cooperative | the amount of any secure | ed claims on Schedule D: ims Secured by Property. |
| | ☐ Manufactured or mobile home | Current value of the | Current value of the |
| Porterville CA 93257-0000 City State ZIP Code | □ Land□ Investment property | entire property? \$255,825.00 | portion you own? \$255,825.00 |
| | ☐ Timeshare ☐ Other Who has an interest in the property? Check one | | your ownership interest nancy by the entireties, or |
| | ■ Debtor 1 only | Fee simple | |
| Tulare | Debtor 2 only | | |
| County | ☐ Debtor 1 and Debtor 2 only ☐ At least one of the debtors and another | Check if this is con | mmunity property |
| | Other information you wish to add about this item | (see instructions) | |
| | property identification number: APN: 245530069 | | |
| | | | |
| Add the dollar value of the portion you own for pages you have attached for Part 1. Write that | or all of your entries from Part 1, including any on number here | | \$255,825.00 |

Do you own, lease, or have legal or equitable interest in any vehicles, whether they are registered or not? Include any vehicles you own that someone else drives. If you lease a vehicle, also report it on Schedule G: Executory Contracts and Unexpired Leases.

Part 2: Describe Your Vehicles

| Debtor 1 | ennifer Silva | | ase number (if known) | |
|-----------------------------------|---|--|-------------------------------|--|
| Cars, vans, | trucks, tractors, sport ut | ility vehicles, motorcycles | | |
| □ No | | | | |
| ■ Yes | | | | |
| — 165 | | | | |
| 3.1 Make: | Chevrolet | Who has an interest in the property? Check one | Do not deduct secured cl | |
| Model: | Tahoe | Debtor 1 only | | ed claims on Schedule D: ims Secured by Property. |
| Year: | 2016 | Debtor 2 only | Current value of the | Current value of the |
| Approxir | mate mileage: 25, | Debtor 1 and Debtor 2 only | entire property? | portion you own? |
| Other inf | formation: | At least one of the debtors and another | | |
| | | Check if this is community property (see instructions) | \$41,300.00 | \$41,300.00 |
| No | oats, trailers, motors, perso | onal watercraft, fishing vessels, snowmobiles, motorcycle a | accessories | |
| ☐ Yes Add the do | ollar value of the portion v | ou own for all of your entries from Part 2, including a | ny entries for | |
| | | Write that number here | | \$41,300.00 |
| | | | | |
| | be Your Personal and House | | | |
| · | | able interest in any of the following items? | | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| | goods and furnishings Major appliances, furniture, | linens, china, kitchenware | | |
| Yes. De | | d Euroitus | | \$3,000,00 |
| | Housenoi | d Furniture | | \$3,000.00 |
| • | Televisions and radios; aud including cell phones, came | lio, video, stereo, and digital equipment; computers, printe eras, media players, games | ers, scanners; music collecti | ons; electronic devices |
| | 2 Tolovisi | on 2 call phonos, computer and come consolo | | \$2,000.0 |
| | 3 TeleVISI | on, 3 cell phones, computer and game console | | φ2,000.0 |
| | | ntings, prints, or other artwork; books, pictures, or other ar ilia, collectibles | t objects; stamp, coin, or ba | seball card collections; |
| Yes. De | scribe | | | |
| Equipment <i>Examples:</i> | for sports and hobbies | cise, and other hobby equipment; bicycles, pool tables, go | lf clubs, skis; canoes and ka | ayaks; carpentry tools; |
| Yes. De | escribe | | | |
| | | | | |
| | Elliptical | | | \$200.0 |

| Debtor 1 | Jennifer Silva | | | Case number (if kr | own) |
|-----------------------------------|--|----------|---------------------------|---|---|
| _ | | hotgun | s, ammunition, and rela | ated equipment | |
| ■ No □ Yes | s. Describe | | | | |
| 11. Cloth <i>Exar</i> □ No | | es, furs | s, leather coats, designe | er wear, shoes, accessories | |
| | s. Describe | | | | |
| | F | amily | Clothing | | \$1,000.00 |
| ☐ No | | ry, cost | tume jewelry, engagem | ent rings, wedding rings, heirloom jewelry, watches, ge | ms, gold, silver |
| | V | Veddii | ng Ring | | \$1,000.00 |
| Exan | farm animals nples: Dogs, cats, bird s. Describe | ds, hors | ses | | |
| | 1 | dog a | and 1 cat | | \$0.00 |
| ■ No | other personal and h | | - | already list, including any health aids you did not l | st |
| | | | | 3, including any entries for pages you have attache | d \$7,200.00 |
| Part 4: D | Describe Your Financial | Assets | ; | | |
| Do you o | own or have any lega | al or eq | uitable interest in any | y of the following? | Current value of the portion you own? Do not deduct secured claims or exemptions. |
| ■ No | mples: Money you hav | - | ur wallet, in your home | in a safe deposit box, and on hand when you file your | petition |
| Exam | institutions. If y | | | s; certificates of deposit; shares in credit unions, broken the same institution, list each. Institution name: | age houses, and other similar |
| ■ Yes | 5 | | | | |
| | | 17.1. | Checking | Bank of the Sierra - Acct# 4404 | \$350.00 |
| | | 17.2. | Checking | Bank of the Sierra - Acct# | \$580.00 |
| | | | | | |

| De | ebtor 1 | Jennifer Silv | /a | | Case number (if known) | 0/00/10 4.171 K |
|-----|------------------|---------------------------------------|---|---|--|--|
| 18. | | | or publicly traded stocks investment accounts with b | prokerage firms, money mark | et accounts | |
| | ■ No | | | | | |
| | ☐ Yes | | Institution or issue | er name: | | |
| 19. | | ublicly traded st enture | ock and interests in incor | porated and unincorporate | ed businesses, including an interest in | an LLC, partnership, and |
| | ■ No | | | | | |
| | ☐ Yes. | Give specific inf | formation about them Name of entity: | | % of ownership: | |
| 20. | Negoti Non-ne | iable instruments | include personal checks, ca | gotiable and non-negotiable ashiers' checks, promissory transfer to someone by signir | notes, and money orders. | |
| | No | | | | | |
| | ☐ Yes. | Give specific info | ormation about them Issuer name: | | | |
| 21. | _Examp | ment or pension ples: Interests in | | , 403(b), thrift savings accour | nts, or other pension or profit-sharing plan | ns |
| | ■ No | Cat and a second | ot a an amatab | | | |
| | ⊔ Yes. | List each accour | nt separately. Type of account: | Institution name: | | |
| 22. | Your s Examp | | d deposits you have made s | so that you may continue ser t, public utilities (electric, gas | vice or use from a company , water), telecommunications companies | , or others |
| | ■ No □ Yes. | | | Institution name or i | ndividual: | |
| 23. | Annuit ■ No | ties (A contract fo | or a periodic payment of mor | ney to you, either for life or fo | or a number of years) | |
| | ☐ Yes | ls | suer name and description. | | | |
| 24. | | | on IRA, in an account in a 529A(b), and 529(b)(1). | qualified ABLE program, o | or under a qualified state tuition progra | am. |
| | Yes | In | stitution name and description | ion. Separately file the record | ds of any interests.11 U.S.C. § 521(c): | |
| 25. | Trusts | , equitable or fu | ture interests in property (| (other than anything listed | in line 1), and rights or powers exerci | sable for your benefit |
| | ■ No | - | | | | - |
| | ☐ Yes. | Give specific inf | formation about them | | | |
| 26. | | | | and other intellectual properties and license | | |
| | ■ No | | | | | |
| | ☐ Yes. | Give specific inf | formation about them | | | |
| 27. | Examp | | and other general intangib mits, exclusive licenses, coo | | gs, liquor licenses, professional licenses | |
| | ■ No | Ohan an eather th | inneration about these | | | |
| | | · | ormation about them | | | |
| Me | oney or | property owed | to you? | | | Current value of the portion you own? Do not deduct secured |

claims or exemptions.

| Del | otor 1 | Jennifer Silva | | Case number (if know | n) |
|-----|-------------------------|---|---|---|----------------------------|
| [| □No | funds owed to you Give specific information abou | it them, including whether you already filed | the returns and the tax years | |
| | | | | | |
| | | | 2017 Federal and State Tax Refu | und federal and s | tate \$4,225.00 |
| | Family Examµ ■ No | r support oles: Past due or lump sum alir | mony, spousal support, child support, maint | enance, divorce settlement, prope | rty settlement |
| [| ☐ Yes. | Give specific information | | | |
| _ | | amounts someone owes you oles: Unpaid wages, disability i benefits; unpaid loans yo | nsurance payments, disability benefits, sick | pay, vacation pay, workers' comp | pensation, Social Security |
| [| ☐ Yes. | Give specific information | | | |
| _ | | sts in insurance policies oles: Health, disability, or life in | surance; health savings account (HSA); cre | edit, homeowner's, or renter's insu | rance |
| [| □ Yes. | | of each policy and list its value. ny name: | Beneficiary: | Surrender or refund value: |
| ı | If you a some o | | you from someone who has died rust, expect proceeds from a life insurance p | policy, or are currently entitled to re | eceive property because |
| ı | <i>Exam</i> µ ■ No | | er or not you have filed a lawsuit or mad isputes, insurance claims, or rights to sue | e a demand for payment | |
| | | | | | |
| | No | Describe each claim | claims of every nature, including counte | rciaims of the debtor and rights | to set off claims |
| [| □No | nancial assets you did not all | ready list | | |
| | Yes. | Give specific information | | | |
| | | | Any present and/or future tax refusavings, or assets not presently k | | \$17,275.00 |
| 36. | | | entries from Part 4, including any entrie | | \$22,430.00 |
| Par | t 5: De | scribe Any Business-Related Pro | operty You Own or Have an Interest In. List an | y real estate in Part 1. | |
| | | • | le interest in any business-related property? | • | |
| _ | | o to Part 6. | no interest in any business-related property? | | |

| Debtor 1 | Jennifer Silva | | Case number (if known) | |
|-----------------|--|------------------------|------------------------------|--------------|
| | Describe Any Farm- and Commercial Fishing-Related Property You f you own or have an interest in farmland, list it in Part 1. | Own or Have an Interes | st In. | |
| 46. Do y | ou own or have any legal or equitable interest in any farm- | or commercial fishir | ng-related property? | |
| ■ N | lo. Go to Part 7. | | | |
| ΠY | es. Go to line 47. | | | |
| Part 7: | Describe All Property You Own or Have an Interest in That You | u Did Not List Above | | |
| | ou have other property of any kind you did not already list | ? | | |
| Exai ■ No | mples: Season tickets, country club membership | | | |
| | s. Give specific information | | | |
| L TE | s. Give specific information | | | |
| 54. Ad | d the dollar value of all of your entries from Part 7. Write th | at number here | | \$0.00 |
| | • | | | |
| Part 8: | List the Totals of Each Part of this Form | | | |
| 55. Par | t 1: Total real estate, line 2 | | | \$255,825.00 |
| 56. Par | t 2: Total vehicles, line 5 | \$41,300.00 | _ | ,,. |
| 57. Par | t 3: Total personal and household items, line 15 | \$7,200.00 | | |
| 58. Par | t 4: Total financial assets, line 36 | \$22,430.00 | | |
| 59. Par | t 5: Total business-related property, line 45 | \$0.00 | | |
| 60. Par | t 6: Total farm- and fishing-related property, line 52 | \$0.00 | | |
| 61. Par | t 7: Total other property not listed, line 54 + | \$0.00 | | |
| 62. Tot | al personal property. Add lines 56 through 61 | \$70,930.00 | Copy personal property total | \$70,930.00 |
| 63. Tot | al of all property on Schedule A/B. Add line 55 + line 62 | | | \$326 755 00 |

| Fill in this infor | mation to identify your | case: | | |
|---|-------------------------|--------------------|--------------|-----------------------|
| Debtor 1 | Jennifer Silva | | | |
| | First Name | Middle Name | Last Name | |
| Debtor 2 | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT O | F CALIFORNIA | |
| Case number _ | | | | ☐ Check if this is an |
| (ii iaioiiii) | | | | amended filing |

Official Form 106C

Schedule C: The Property You Claim as Exempt

4/16

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. Using the property you listed on *Schedule A/B: Property* (Official Form 106A/B) as your source, list the property that you claim as exempt. If more space is needed, fill out and attach to this page as many copies of *Part 2: Additional Page* as necessary. On the top of any additional pages, write your name and case number (if known).

For each item of property you claim as exempt, you must specify the amount of the exemption you claim. One way of doing so is to state a specific dollar amount as exempt. Alternatively, you may claim the full fair market value of the property being exempted up to the amount of any applicable statutory limit. Some exemptions—such as those for health aids, rights to receive certain benefits, and tax-exempt retirement funds—may be unlimited in dollar amount. However, if you claim an exemption of 100% of fair market value under a law that limits the exemption to a particular dollar amount and the value of the property is determined to exceed that amount, your exemption would be limited to the applicable statutory amount.

| Part 1: Identify the Pro | perty You Claim as Exempt |
|--------------------------|---------------------------|
|--------------------------|---------------------------|

| 1. | Which set of ex | xemptions are you | ı claiming? | Check one | only, even it | f your spouse i | is filing with y | you. |
|----|-----------------|-------------------|-------------|-----------|---------------|-----------------|------------------|------|
|----|-----------------|-------------------|-------------|-----------|---------------|-----------------|------------------|------|

- You are claiming state and federal nonbankruptcy exemptions. 11 U.S.C. § 522(b)(3)
- ☐ You are claiming federal exemptions. 11 U.S.C. § 522(b)(2)

2. For any property you list on Schedule A/B that you claim as exempt, fill in the information below.

| Brief description of the property and line on Schedule A/B that lists this property | Current value of the portion you own | · · · · · · · · · · · · · · · · · · | | Specific laws that allow exemption |
|--|--------------------------------------|-------------------------------------|---|------------------------------------|
| | Copy the value from Schedule A/B | Che | eck only one box for each exemption. | |
| 2016 Chevrolet Tahoe 25,604 miles Line from Schedule A/B: 3.1 | \$41,300.00 | | \$5,350.00 | C.C.P. § 703.140(b)(2) |
| Line Holli Schedule A.D. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| 2016 Chevrolet Tahoe 25,604 miles Line from Schedule A/B: 3.1 | \$41,300.00 | | \$5,095.00 | C.C.P. § 703.140(b)(5) |
| Line Holli Schedule A.B. 3.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Household Furniture Line from Schedule A/B: 6.1 | \$3,000.00 | | \$3,000.00 | C.C.P. § 703.140(b)(3) |
| Life from Schedule A/B. G. I | | | 100% of fair market value, up to any applicable statutory limit | |
| 3 Television, 3 cell phones, computer | \$2,000.00 | | \$2,000.00 | C.C.P. § 703.140(b)(3) |
| and game console Line from Schedule A/B: 7.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| Elliptical | \$200.00 | | \$200.00 | C.C.P. § 703.140(b)(3) |
| Line from Schedule A/B: 9.1 | | | 100% of fair market value, up to any applicable statutory limit | |

| De | btor 1 Jenni | fer Silva | | | Case number (if known) | |
|----|------------------------------------|---|--|---------|---|------------------------------------|
| | | on of the property and line on that lists this property | Current value of the Amount of the exemption you claim portion you own | | | Specific laws that allow exemption |
| | Copy the value fro Schedule A/B | | | Che | eck only one box for each exemption. | |
| | Family Clos | thing hedule A/B: 11.1 | \$1,000.00 | | \$1,000.00 | C.C.P. § 703.140(b)(3) |
| | | reduie / v B. T TT | | | 100% of fair market value, up to any applicable statutory limit | |
| | Wedding R | ing hedule A/B: 12.1 | \$1,000.00 | | \$1,000.00 | C.C.P. § 703.140(b)(4) |
| | Line nom oci | iedule A/D. 12.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | Checking: | Bank of the Sierra - Acct# | \$350.00 | | \$350.00 | C.C.P. § 703.140(b)(5) |
| | | nedule A/B: 17.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | • | Bank of the Sierra - Acct# | \$580.00 | | \$580.00 | C.C.P. § 703.140(b)(5) |
| | Line from Scr | ledule A/B. 17.2 | | | 100% of fair market value, up to any applicable statutory limit | |
| | federal and | l state: 2017 Federal and | \$4,225.00 | | \$4,225.00 | C.C.P. § 703.140(b)(5) |
| | | nedule A/B: 28.1 | | | 100% of fair market value, up to any applicable statutory limit | |
| | | nt and/or future tax refund, come, savings, or assets | \$17,275.00 | | \$17,275.00 | C.C.P. § 703.140(b)(5) |
| | not presen | | | | 100% of fair market value, up to any applicable statutory limit | |
| 3. | | Are you claiming a homestead exemption of more than \$160,375 Subject to adjustment on 4/01/19 and every 3 years after that for cas | | | iled on or after the date of adjustmer | nt.) |
| | ■ No | | | | | |
| | ☐ Yes. Did | I you acquire the property cover | ed by the exemption wi | ithin 1 | ,215 days before you filed this case | ? |
| | □ N | 0 | | | | |
| | □ Y | es | | | | |

| | | | | | 3,30/10 4.171 N |
|---|----------------------|---|---|--|-----------------------------|
| Fill in this informat | tion to identify you | ur case: | | | |
| Debtor 1 | Jennifer Silva | Malilla Nama | | _ | |
| Debtor 2 | First Name | Middle Name Last Nan | ne | | |
| Debtor 2 (Spouse if, filing) | First Name | Middle Name Last Nan | ne | - | |
| United States Bankı | runtey Court for the | : EASTERN DISTRICT OF CALIFORNIA | | | |
| Officed States Bariki | ruptcy Court for the | EASTERN DISTRICT OF GALLI SKNIA | | - | |
| Case number | | | | | |
| (if known) | | | | _ | if this is an led filing |
| | | | | amend | ieu illing |
| Official Form | 106D | | | | |
| Schedule D | : Creditors | s Who Have Claims Secu | red by Propert | v | 12/15 |
| | | | <u> </u> | | |
| is needed, copy the A | | If two married people are filing together, both a out, number the entries, and attach it to this for | | | |
| number (if known). | | _ | | | |
| 1. Do any creditors ha | | ,, , , | | | |
| ☐ No. Check th | is box and submit t | this form to the court with your other schedule | es. You have nothing else | to report on this form. | |
| Yes. Fill in al | I of the information | below. | | | |
| Part 1: List All S | Secured Claims | | | | |
| | | more than one secured claim, list the creditor sepa | | Column B | Column C |
| | | s a particular claim, list the other creditors in Part 2 ical order according to the creditor's name. | . As Amount of claim Do not deduct the | Value of collateral that supports this | Unsecured portion |
| | · | • | value of collateral. | claim | If any |
| 2.1 Bsi Financia Creditor's Name | ai Services | Describe the property that secures the claim: | \$306,068.00 | \$255,825.00 | \$50,243.00 |
| Greatier e Hame | | 1772 W. Julieann Ave. Porterville, CA 93257 Tulare County | | | |
| | | APN: 245530069 | | | |
| 101 N 2nd S | St | As of the date you file, the claim is: Check all th apply. | at | | |
| Titusville, P | A 16354 | ☐ Contingent | | | |
| Number, Street, Cit | ty, State & Zip Code | ☐ Unliquidated | | | |
| 14 0 (1 1 1 c) | • • • | ☐ Disputed | | | |
| Who owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | |
| ☐ Debtor 1 only ☐ Debtor 2 only | | ☐ An agreement you made (such as mortgage car loan) | or secured | | |
| Debtor 1 and Debtor | or 2 only | ☐ Statutory lien (such as tax lien, mechanic's lie | en) | | |
| At least one of the | • | ☐ Judgment lien from a lawsuit | , | | |
| ☐ Check if this clain | | Other (including a right to offset) | | | |
| community debt | | · · · · · · · · · · · · · · · · · · · | | | |
| | Opened | | | | |
| | 10/06 Last | | | | |
| | Active | | 380 | | |
| Date debt was incurre | ed <u>6/21/17</u> | Last 4 digits of account number | | | |
| 2.2 Safe 1 Cred | it I In | Describe the property that secures the claim: | \$30,855.00 | \$41,300.00 | \$0.00 |
| Creditor's Name | | 2016 Chevrolet Tahoe 25,604 miles | φ30,033.00 | φ41,300.00 | φυ.υυ |
| | | 2010 Grievi diet Turice 20,004 miles | | | |
| | | As of the date you file, the claim is: Check all the | at | | |
| 400 Oak St | C4 02204 | apply. | aı | | |
| Bakersfield, | | ☐ Contingent | | | |
| Number, Street, Ci | ty, State & Zip Code | ☐ Unliquidated ☐ Disputed | | | |
| Who owes the debt | ? Check one. | Nature of lien. Check all that apply. | | | |
| Debtor 1 only | | ☐ An agreement you made (such as mortgage | or secured | | |
| Debtor 2 only | | car loan) | | | |
| Debtor 1 and Debto | or 2 only | ☐ Statutory lien (such as tax lien, mechanic's lie | en) | | |

Official Form 106D

 $\hfill \square$ Judgment lien from a lawsuit

 $\hfill \square$ At least one of the debtors and another

| Debtor 1 Jennifer Silva | | Case number (if know) | |
|---|--|--|--------------------------------------|
| First Name Middle N | lame Last Name | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | |
| Opened 06/16 Last Active 3/30/18 | Last 4 digits of account number | 0021 | |
| 2.3 SN Servicing Corporation | Describe the property that secures the clai | m: \$78,275.56 | \$255,825.00 \$78,275.56 |
| Creditor's Name 323 Fifth Street Eureka, CA 95501 | 1772 W. Julieann Ave. Porterville, CA 93257 Tulare County APN: 245530069 As of the date you file, the claim is: Check al apply. ☐ Contingent | | |
| Number, Street, City, State & Zip Code Who owes the debt? Check one. | ☐ Unliquidated ☐ Disputed Nature of lien. Check all that apply. | | |
| Debtor 1 only Debtor 2 only | An agreement you made (such as mortgag car loan) | ge or secured | |
| ☐ Debtor 1 and Debtor 2 only | Statutory lien (such as tax lien, mechanic's | ilien) | |
| At least one of the debtors and another | ☐ Judgment lien from a lawsuit | | |
| ☐ Check if this claim relates to a community debt | Other (including a right to offset) | | |
| Date debt was incurred | Last 4 digits of account number | 7394 | |
| | | | |
| Add the dollar value of your entries in C | Column A on this page. Write that number her | e: \$415,198.5 | 56 |
| If this is the last page of your form, add Write that number here: | the dollar value totals from all pages. | \$415,198.5 | 56 |
| write that number here. | | | |
| Part 2: List Others to Be Notified for | or a Debt That You Already Listed | | |
| trying to collect from you for a debt you o | ne notified about your bankruptcy for a debt to be to someone else, list the creditor in Part at you listed in Part 1, list the additional credit his page. | 1, and then list the collection agend | cy here. Similarly, if you have more |
| Name, Number, Street, City, State & Moneyline Lending Service 15420 Laguna Canyon Roal Irvine, CA 92618 | Zip Code es, Inc. | On which line in Part 1 did you enter Last 4 digits of account number53 | · |
| Name, Number, Street, City, State & SN Servicing Corporation | Zip Code | On which line in Part 1 did you enter | the creditor? 2.3 |
| 13702 Coursey Blvd. Bldg‡ Baton Rouge, LA 70817 | ‡2 | Last 4 digits of account number | 94_ |

| | | | | | | | 8/08/ | /18 4:17PM |
|--|---|--|-----------|------------------------|-----------------|------------|----------------------|------------|
| Fill in this infor | mation to identify your case: | | | | | | | |
| Debtor 1 | Jennifer Silva | | | | | | | |
| Debior 1 | First Name | Middle Name Last Name | | | | | | |
| Debtor 2 | | | | | | | | |
| (Spouse if, filing) | First Name | Middle Name Last Name | | | | | | |
| United States Ba | ankruptcy Court for the: EAS | STERN DISTRICT OF CALIFORNIA | | | | | | |
| Case number | | | | | | | | |
| (if known) | | | | | П | Check | if this is an | 1 |
| | | | | | _ | | ed filing | |
| o | 4005/5 | | | | | | | |
| Official For | - | | | | | | | _ |
| Schedule E | E/F: Creditors Who | Have Unsecured Claims | | | | | 12/15 |) |
| Schedule D: Credi | tors Who Have Claims Secured b ntinuation Page to this page. If yo | eases (Official Form 106G). Do not include a y Property. If more space is needed, copy th ou have no information to report in a Part, d | he Part y | ou need, fill it out, | number the | entries i | the boxes | |
| Part 1: List A | All of Your PRIORITY Unsecu | red Claims | | | | | | |
| 1. Do any credit | ors have priority unsecured clain | ns against you? | | | | | | |
| ☐ No. Go to | Part 2. | | | | | | | |
| Yes. | | | | | | | | |
| identify what to possible, list the | ype of claim it is. If a claim has both ne claims in alphabetical order acco | creditor has more than one priority unsecured control priority and nonpriority amounts, list that claim rding to the creditor's name. If you have more to claim, list the other creditors in Part 3. | here and | d show both priority a | nd nonpriori | ity amount | s. As much | as |
| (For an explar | nation of each type of claim, see the | instructions for this form in the instruction book | klet.) | | | | | |
| | , | | | Total claim | Priority amount | | Nonpriorit amount | у |
| 2.1 Franch | nise Tax Board | Last 4 digits of account number | | \$0.00 | | \$0.00 | | \$0.00 |
| , | reditor's Name | | | | | | - | |
| | uptcy Section, MS: A-340 ox 2952 | When was the debt incurred? | | | - | | | |
| | nento, CA 95812-2952 | | | | | | | |
| | Street City State Zlp Code | As of the date you file, the claim is: 0 | Check all | that apply | | | | |
| Who incurre | ed the debt? Check one. | ☐ Contingent | | | | | | |
| Debtor 1 | only | ☐ Unliquidated | | | | | | |
| Debtor 2 | only | ☐ Disputed | | | | | | |
| Debtor 1 | and Debtor 2 only | Type of PRIORITY unsecured claim: | | | | | | |
| _ | one of the debtors and another | ☐ Domestic support obligations | | | | | | |
| _ | this claim is for a community de | bt Taxes and certain other debts you o | owe the o | overnment | | | | |
| | subject to offset? | ☐ Claims for death or personal injury w | • | | | | | |
| ■ No | • | Other. Specify | , | | | | | |
| ☐ Yes | | | sible a | and potential ta | xes owed | d | | |

Doc 1

| Debto | r 1 Jennifer Silva | Case number (if know) | | | | |
|--------|---|---|-------------------|--------|--------|--|
| 2.2 | Internal Revenue Service Priority Creditor's Name | Last 4 digits of account number | \$0.00 | \$0.00 | \$0.00 | |
| | Centralized Insolvency | When was the debt incurred? | | | | |
| | Operations P.O. Box 7346 | | | | | |
| | P.O. 60x 7340 Philadelphia, PA 19101-7346 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that a | apply | | | |
| _ | Vho incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | | |
| | At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| | ☐ Check if this claim is for a community debt | Taxes and certain other debts you owe the govern | | | | |
| _ | s the claim subject to offset? | Claims for death or personal injury while you were | intoxicated | | | |
| _ | ■ No □ Yes | Other. Specify Notice for possible and | notontial taxon a | ww.d | | |
| | ⊒ Yes | Notice for possible and | potential taxes o | owea | | |
| 2.3 | United States Attorney Priority Creditor's Name | Last 4 digits of account number | \$0.00 | \$0.00 | \$0.00 | |
| | for Internal Revenue Service 2500 Tulare Street Ste. 4401 Fresno, CA 93721-1318 | When was the debt incurred? | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that a | apply | | | |
| V | Vho incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | | |
| | $\operatorname{\square}$ At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| | ☐ Check if this claim is for a community debt | ■ Taxes and certain other debts you owe the govern | nment | | | |
| | s the claim subject to offset? | Claims for death or personal injury while you were | intoxicated | | | |
| _ | No | Other. Specify | | | | |
| | ☐ Yes | Notice for possible and | potential taxes o | owea | | |
| 2.4 | United States Department of Justice | Last 4 digits of account number | \$0.00 | \$0.00 | \$0.00 | |
| | Priority Creditor's Name | | | | | |
| | Civil Trial Section, Western Region | When was the debt incurred? | | | | |
| | Box 683, Ben Franklin Station Washington, DC 20044 | | | | | |
| | Number Street City State ZIp Code | As of the date you file, the claim is: Check all that a | apply | | | |
| V | Vho incurred the debt? Check one. | ☐ Contingent | | | | |
| | Debtor 1 only | ☐ Unliquidated | | | | |
| | Debtor 2 only | ☐ Disputed | | | | |
| | Debtor 1 and Debtor 2 only | Type of PRIORITY unsecured claim: | | | | |
| | \square At least one of the debtors and another | ☐ Domestic support obligations | | | | |
| | ☐ Check if this claim is for a community debt | Taxes and certain other debts you owe the govern | | | | |
| _ | s the claim subject to offset? | ☐ Claims for death or personal injury while you were | intoxicated | | | |
| _ | ■ No | Other. Specify | | | | |
| | ☑ Yes | Notice for possible and | potential taxes 0 | wea | | |
| Part 2 | List All of Your NONPRIORITY Unsecu | ured Claims | | | | |
| 3. Do | any creditors have nonpriority unsecured claim | ns against you? | | | | |
| | No. You have nothing to report in this part. Submit | this form to the court with your other schedules. | | | | |
| | Yes. | | | | | |

Case 18-13252 Case number (if know) Debtor 1 Jennifer Silva 4. List all of your nonpriority unsecured claims in the alphabetical order of the creditor who holds each claim. If a creditor has more than one nonpriority unsecured claim, list the creditor separately for each claim. For each claim listed, identify what type of claim it is. Do not list claims already included in Part 1. If more than one creditor holds a particular claim, list the other creditors in Part 3.If you have more than three nonpriority unsecured claims fill out the Continuation Page of Part 2. **Total claim** 4.1 Acclaim Credit Tech Last 4 digits of account number 9404 \$877.00 Nonpriority Creditor's Name 227 N West St When was the debt incurred? Opened 09/14 Visalia, CA 93291 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: ☐ At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims ■ No ☐ Debts to pension or profit-sharing plans, and other similar debts Collection Attorney Sierra View Medical ☐ Yes Other. Specify Center 4.2 Acclaim Credit Tech Last 4 digits of account number 6090 \$320.00 Nonpriority Creditor's Name 227 N West St When was the debt incurred? Opened 01/17 Visalia, CA 93291 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one. ■ Debtor 1 only ☐ Contingent Debtor 2 only ■ Unliquidated Debtor 1 and Debtor 2 only ☐ Disputed Type of NONPRIORITY unsecured claim: At least one of the debtors and another ☐ Student loans ☐ Check if this claim is for a community debt \square Obligations arising out of a separation agreement or divorce that you did not Is the claim subject to offset? report as priority claims \square Debts to pension or profit-sharing plans, and other similar debts ■ No Collection Attorney Sierra View Medical ☐ Yes Other. Specify Center 4.3 Acclaim Credit Tech 6054 \$161.00 Last 4 digits of account number Nonpriority Creditor's Name 227 N West St When was the debt incurred? **Opened 12/12** Visalia, CA 93291 Number Street City State Zlp Code As of the date you file, the claim is: Check all that apply Who incurred the debt? Check one.

■ Debtor 1 only

Debtor 2 only

Debtor 1 and Debtor 2 only

☐ At least one of the debtors and another

☐ Check if this claim is for a community

debt

Is the claim subject to offset?

■ No

☐ Yes

☐ Contingent

■ Unliquidated

☐ Disputed

Type of NONPRIORITY unsecured claim:

☐ Student loans

☐ Obligations arising out of a separation agreement or divorce that you did not

report as priority claims

☐ Debts to pension or profit-sharing plans, and other similar debts

Collection Attorney Sierra View Medical

Other. Specify Center Filed 08/08/18 Case 18-13252

| 1 08/08/18 | | Case 18-13252 | | Doc 1 |
|--|---|---|---|----------|
| Debtor | 1 Jennifer Silva | | Case number (if know) | |
| 4.4 | Acclaim Credit Tech Nonpriority Creditor's Name | Last 4 digits of account number | 3447 | \$136.00 |
| | 227 N West St Visalia, CA 93291 | When was the debt incurred? | Opened 03/15 | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a sep report as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar debts | |
| | □ Yes | Other. Specify Collection Center | Attorney Sierra View Medical | |
| 4.5 | Acclaim Credit Tech | Last 4 digits of account number | 6089 | \$54.00 |
| | Nonpriority Creditor's Name 227 N West St | When was the debt incurred? | Opened 01/17 | |
| Visalia, CA 93291 Number Street City State Zlp Code | | As of the date you file, the claim is: Check all that apply | | |
| | Who incurred the debt? Check one. | П | | |
| | Debtor 1 only | Contingent | | |
| | Debtor 2 only | Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | ☐ Debts to pension or profit-shari | ng plans, and other similar debts | |
| | Yes | Other. Specify Collection Center | Attorney Sierra View Medical | |
| 4.6 | Central Busines Bureau Nonpriority Creditor's Name | Last 4 digits of account number | | \$134.00 |
| | 252 North Hockett Street Porterville, CA 93257 | When was the debt incurred? | 8/17/2016 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | ed claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | _ | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-shari | ng plans, and other similar debts | |
| | ☐ Yes | | | |
| | □ 162 | Other. Specify TW Macles | 11111C MD | |

| Debtor | 1 Jennifer Silva | | Case number (if know) | 0/00/10 4.171 K |
|--------|--|--|---|-----------------|
| 4.7 | Central Busines Bureau | Last 4 digits of account number | | \$154.00 |
| | Nonpriority Creditor's Name 252 North Hockett Street Porterville, CA 93257 | When was the debt incurred? | 5/17/2017 | |
| | Number Street City State ZIp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | \square Check if this claim is for a community | Student loans | | |
| | debt Is the claim subject to offset? | Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | ☐ Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | Yes | ■ Other. Specify Akman N F | łakimi MD | |
| | Comenitybank/victoria Nonpriority Creditor's Name | Last 4 digits of account number | 2313 | \$1,464.00 |
| | Attn: Bankruptcy Dept PO Box 182125 | When was the debt incurred? | Opened 07/14 Last Active 4/26/17 | |
| | Columbus, OH 45318 Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | As of the date you me, the dam | is. Official that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt | ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | ☐ Debts to pension or profit-sharing | | |
| | Yes | ■ Other. Specify Charge Ac | count | |
| 4.9 | Discover Financial Nonpriority Creditor's Name | Last 4 digits of account number | 6436 | \$3,971.00 |
| | Po Box 3025 New Albany, OH 43054 | When was the debt incurred? | Opened 06/05 Last Active 11/15/16 | |
| | Number Street City State Zlp Code | As of the date you file, the claim | is: Check all that apply | |
| | Who incurred the debt? Check one. | | | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | |
| | ☐ Check if this claim is for a community debt | ☐ Student loans ☐ Obligations arising out of a sepa | aration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | 3 | |
| | ■ No | Debts to pension or profit-sharing | ng plans, and other similar debts | |
| | □Yes | Other. Specify Credit Care | d | |

| Debtor | Jennifer Silva | | Case number (if know) | | |
|--------|---|--|---|----------|--|
| 4.1 | Financial Credit Network Nonpriority Creditor's Name 1300 W. Main St Visalia, CA 93291 Number Street City State Zlp Code Who incurred the debt? Check one. | Last 4 digits of account number When was the debt incurred? As of the date you file, the claim | 8186 | \$529.00 | |
| | Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify | | | |
| _ | I C System Inc Nonpriority Creditor's Name | Last 4 digits of account number | 0542 | \$57.00 | |
| | 444 Highway 96 East P.O. Box 64378 | When was the debt incurred? | Opened 09/17 | | |
| - | St. Paul, MN 55164 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim is: Check all that apply | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | Debtor 2 only | ☐ Unliquidated | | | |
| | Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | | |
| | Yes | Other. Specify Collection | Attorney Att Wireline | | |
| 4.1 | Kohls/Capital One Nonpriority Creditor's Name | Last 4 digits of account number | 7728 | \$619.00 | |
| | Kohls Credit Po Box 3120 Milwaukee, WI 53201 | When was the debt incurred? | Opened 11/14 Last Active 10/04/16 | | |
| - | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | | |
| | ■ Debtor 1 only | ☐ Contingent | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecure | d claim: | | |
| | ☐ Check if this claim is for a community debt | | ration agreement or divorce that you did not | | |
| | Is the claim subject to offset? | report as priority claims | | | |
| | No | Debts to pension or profit-sharing | | | |
| | ☐ Yes | ■ Other. Specify Charge Acc | count | | |

| Debtor | 1 Jennifer Silva | Case number (if know) | | | | |
|--------|---|---|------------|--|--|--|
| 4.1 | LVNV Funding/Resurgent Capital | Last 4 digits of account number 2144 | \$1,650.00 | | | |
| 3 | Nonpriority Creditor's Name Po Box 10497 | Last 4 digits of account number When was the debt incurred? Opened 07/17 | φ1,030.00 | | | |
| | Greenville, SC 29603 | Opened 67/17 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | ☐ Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Yes | Factoring Company Account Credit One Bank N.A. | | | | |
| 4.1 | Midland Funding Nonpriority Creditor's Name | Last 4 digits of account number 7392 | \$3,492.00 | | | |
| | 2365 Northside Dr Ste 300 San Diego, CA 92108 | When was the debt incurred? Opened 06/17 | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | lacktriangle Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | ☐ Yes | ■ Other. Specify Factoring Company Account Comenity Capital Bank | | | | |
| 4.1 | National Credit Adjusters, LLC | Last 4 digits of account number 3468 | \$4,476.00 | | | |
| | Nonpriority Creditor's Name | | | | | |
| | 327 W 4th Ave. | When was the debt incurred? Opened 09/17 | | | | |
| | Po Box 3023 Hutchinson, KS 67504 | | | | | |
| | Number Street City State Zlp Code | As of the date you file, the claim is: Check all that apply | | | | |
| | Who incurred the debt? Check one. | | | | | |
| | ■ Debtor 1 only | ☐ Contingent | | | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured claim: | | | | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | | | |
| | debt Is the claim subject to offset? | \square Obligations arising out of a separation agreement or divorce that you did not report as priority claims | | | | |
| | ■ No | \square Debts to pension or profit-sharing plans, and other similar debts | | | | |
| | Yes | Factoring Company Account Rise Credit Of California Llc | | | | |

| Dobtor | 1 Investigation Office | | Coop number (v) | 8/08/18 4:1/PM |
|----------|--|--|---|----------------|
| Debtor | 1 Jennifer Silva | | Case number (if know) | |
| 4.1 6 | NCB | Last 4 digits of account number | 8631 | \$4,155.00 |
| | Nonpriority Creditor's Name Attn: Bankruptcy One Allied Dr | When was the debt incurred? | Opened 09/17 | |
| | Trevose, PA 19053 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | ☐ Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | ☐ Obligations arising out of a separeport as priority claims | aration agreement or divorce that you did not | |
| | ■ No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | ■ Other. Specify Bank Trust | Company Account Republic CO | |
| 4.1 | The Bureaus Inc Nonpriority Creditor's Name | Last 4 digits of account number | 2862 | \$451.00 |
| | 650 Dundee Rd Suite 370 | When was the debt incurred? | Opened 07/17 | |
| | Northbrook, IL 60062 Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | \square At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | \square Check if this claim is for a community | ☐ Student loans | | |
| | debt Is the claim subject to offset? | report as priority claims | aration agreement or divorce that you did not | |
| | No | Debts to pension or profit-sharing | | |
| | Yes | Other. Specify Collection | Attorney Capital One N.A. | |
| 4.1 | Verizon Nonpriority Creditor's Name | Last 4 digits of account number | 0001 | \$1,383.00 |
| | Attn: Wireless Bankrupty Admin 500 Technology Dr Ste 500 Weldon Springs, MO 63304 | When was the debt incurred? | Opened 06/16 Last Active 12/31/17 | |
| | Number Street City State Zlp Code Who incurred the debt? Check one. | As of the date you file, the claim | is: Check all that apply | |
| | ■ Debtor 1 only | ☐ Contingent | | |
| | ☐ Debtor 2 only | ☐ Unliquidated | | |
| | ☐ Debtor 1 and Debtor 2 only | ☐ Disputed | | |
| | ☐ At least one of the debtors and another | Type of NONPRIORITY unsecured | d claim: | |
| | \square Check if this claim is for a community debt | | ration agreement or divorce that you did not | |
| | Is the claim subject to offset? | report as priority claims | | |
| | No | Debts to pension or profit-sharing | g plans, and other similar debts | |
| | ☐ Yes | Other. Specify | | |

| | | | | | | | 8/08/18 4:17PN |
|------------------------------|---|--|--|---------------|--|--|----------------|
| Debtor 1 | Jennifer | Silva | | Case r | number (if know) | | |
| 9 | Visa Dept S Bank/Macy Nonpriority Cre | | Last 4 digits of account number | 7411 | <u>'</u> | | \$355.00 |
| | Attn: Bankı Po Box 805 | ruptcy | When was the debt incurred? | Oper 11/04 | ned 11/14 La 4/16 | st Active | |
| | Mason, OH | 45040 City State Zlp Code | | in Charl | le all that apply | | |
| | | the debt? Check one. | As of the date you file, the claim | is: Check | k all that apply | | |
| | ■ Debtor 1 on | | ☐ Contingent | | | | |
| | Debtor 2 on | • | ☐ Unliquidated | | | | |
| | _ | d Debtor 2 only | ☐ Disputed | | | | |
| | | • | Type of NONPRIORITY unsecure | d claim: | | | |
| | _ | of the debtors and another | Student loans | u Claiiii. | | | |
| | □ Check if this debt | is claim is for a community | _ | | | and the state of t | |
| | | bject to offset? | Obligations arising out of a separeport as priority claims | aration ag | greement or divord | e that you did not | |
| | No | | Debts to pension or profit-sharing | ng plans, | and other similar | debts | |
| | ☐ Yes | | Other. Specify Charge Acc | count | | | |
| Part 3: | | s to Be Notified About a Deb | | | | | |
| Name an Manda attn: D 420 N. | d for any debts d Address rich Law G lavid McGat | roup, LLP fey, Esq. ve. Suite 400 | On which entry in Part 1 or Part 2 did you Line 4.13 of (Check one): | list the o | original creditor? Creditors with Price | ority Unsecured Claims | ersons to be |
| | | l | Last 4 digits of account number | 2 | 660 | | |
| | | aim. | ms. This information is for statistical r | | | 28 U.S.C. §159. Add the amo | ounts for each |
| | 6a. otal ims | Domestic support obligations | | 6a. | \$ | 0.00 | |
| from Pa | | Taxes and certain other debts | you owe the government | 6b. | \$ | 0.00 | |
| | 6c. | Claims for death or personal i | njury while you were intoxicated | 6c. | \$ | 0.00 | |
| | 6d. | Other. Add all other priority unse | ecured claims. Write that amount here. | 6d. | \$ | 0.00 | |
| | 6e. | Total Priority. Add lines 6a thro | ough 6d. | 6e. | \$ | 0.00 | |
| | | | | | Tota | al Claim | |
| T. | 6f. otal | Student loans | | 6f. | \$ | 0.00 | |
| cla from Pa | ims ort 2 6g. | Obligations arising out of a se | eparation agreement or divorce that | - | • | 0.00 | |
| | 6h. | you did not report as priority of Debts to pension or profit-sha | claims aring plans, and other similar debts | 6g. 6h. | \$ \$ | 0.00 | |
| | OII. | _ cate to pendion of profit-site | piano, ana caroi similai acbis | 011. | Ψ | 0.00 | |

Other. Add all other nonpriority unsecured claims. Write that amount

Total Nonpriority. Add lines 6f through 6i.

6i.

6j.

6i.

here.

24,438.00

24,438.00

| Fill in this infor | | | | | |
|---|----------------|--------------------|--------------|--|-----------------------|
| Debtor 1 | Jennifer Silva | | | | |
| | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, filing) | First Name | Middle Name | Last Name | | |
| United States Bankruptcy Court for the: | | EASTERN DISTRICT O | F CALIFORNIA | | |
| Case number (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |

Official Form 106G

Schedule G: Executory Contracts and Unexpired Leases

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for supplying correct information. If more space is needed, copy the additional page, fill it out, number the entries, and attach it to this page. On the top of any additional pages, write your name and case number (if known).

- 1. Do you have any executory contracts or unexpired leases?
 - No. Check this box and file this form with the court with your other schedules. You have nothing else to report on this form.
 - ☐ Yes. Fill in all of the information below even if the contacts of leases are listed on Schedule A/B:Property (Official Form 106 A/B).
- List separately each person or company with whom you have the contract or lease. Then state what each contract or lease is for (for example, rent, vehicle lease, cell phone). See the instructions for this form in the instruction booklet for more examples of executory contracts and unexpired leases.

| | Person or | company with | n whom you have the c | contract or lease | State what the contract or lease is for |
|-----|-----------|--------------|-----------------------|-------------------|---|
| 2.1 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | _ |
| 2.2 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.3 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.4 | | | | | |
| | Name | | | | _ |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | |
| 2.5 | | | | | |
| | Name | | | | |
| | Number | Street | | | _ |
| | City | | State | ZIP Code | - |
| | | | | | |

| | | | | 8/08/1 | 8 4:17PN |
|-------------------------------------|--|---|--|--|----------|
| Fill in th | is information to identify your | case: | | | |
| Debtor 1 | Jennifer Silva | | | | |
| Debioi i | First Name | Middle Name | Last Name | | |
| Debtor 2 | | | | | |
| (Spouse if, t | filing) First Name | Middle Name | Last Name | | |
| United S | tates Bankruptcy Court for the: | EASTERN DISTRICT OF | CALIFORNIA | | |
| Ormod O | acco Barmaptoy Court for the. | | <u> </u> | | |
| Case nur | mber | | | | |
| (if known) | | | | Check if this is an amended filing | |
| | | | | amended ming | |
| Officia | al Form 106H | | | | |
| | dule H: Your Cod | obtore | | 40 | |
| Scrie | dule n. Toul Cou | enroi 2 | | 12 | /15 |
| people ar ill it out, our nam | re filing together, both are equent and number the entries in the earn case number (if known) by you have any codebtors? (If | ally responsible for suppl boxes on the left. Attach . Answer every question. | ying correct informati the Additional Page to | s complete and accurate as possible. If two marrie on. If more space is needed, copy the Additional For this page. On the top of any Additional Pages, was a codebtor. | Page, |
| □ N | | | | | |
| ■ Ye | es | | | | |
| | ithin the last 8 years, have you ona, California, Idaho, Louisiana, | | | (? (Community property states and territories include ngton, and Wisconsin.) | |
| | o. Go to line 3. | | | | |
| ■ Ye | es. Did your spouse, former spo | use, or legal equivalent live | with you at the time? | | |
| | | | | | |
| | □ No | | | | |
| | Yes. | | | | |
| | Brandon R. Silva P.O. Box 10882 Terra Bella, CA 9327 | | California | . Fill in the name and current address of that pers | on. |
| | Name of your spouse, former sp Number, Street, City, State & Zip | | | | |
| in lir Forn | ne 2 again as a codebtor only i | f that person is a guarante | or or cosigner. Make s | if your spouse is filing with you. List the person s sure you have listed the creditor on Schedule D (O 6G). Use Schedule D, Schedule E/F, or Schedule G | Official |
| | Column 1: Your codebtor Name, Number, Street, City, State and Z | P Code | | Column 2: The creditor to whom you owe the check all schedules that apply: | debt |
| 3.1 | Brandon R. Silva P.O. Box 10882 Terra Bella, CA 93270 | | | ■ Schedule D, line □ Schedule E/F, line □ Schedule G Bsi Financial Services | |
| 3.2 | Brandon R. Silva P.O. Box 10882 Terra Bella, CA 93270 | | | ■ Schedule D, line □ Schedule E/F, line □ Schedule G SN Servicing Corporation | |

Schedule H: Your Codebtors

Filed 08/08/18 Case 18-13252

| | _ | |
|---------|--------|---|
| | Doc | • |
| | טטע | |
| 0/00/10 | 4-17DM | |

| | | | | | | - | | | | | |
|--------------------|--|-------------------------------|--|--------------------|----------------|-----------------------|-----------------------|---------------------------------|------------------------------|-----------------|--|
| | in this information to identify your captor 1 Jennifer Silv | | | | | | | | | | |
| _ | otor 2 | | | | _ | | | | | | |
| | ted States Bankruptcy Court for the | : EASTERN DISTRICT | OF CALIFORNIA | | | | | | | | |
| | se number | - | | | ☐ An ☐ A s | | nt showing | g postpetition llowing date: | | | |
| 0 | fficial Form 106l | | | | | MM | 1 / DD/ YY | /YY | · · | | |
| S | chedule I: Your Inc | ome | | | | | ., 22, | | | 12/15 | |
| sup spo atta | as complete and accurate as possible plying correct information. If you use. If you are separated and you ch a separate sheet to this form. Describe Employment | are married and not filing wi | ng jointly, and your ith you, do not inclu | spouse de infor | is liv mati | ing with yoon about y | ou, inclu our spou | de inform use. If mo | nation about ore space is | your needed, | |
| 1. | Fill in your employment information. | | Debtor 1 | Debtor 1 | | | | Debtor 2 or non-filing spouse | | | |
| | If you have more than one job, attach a separate page with information about additional employers. | Employment status | ■ Employed | ■ Employed | | | ☐ Employed | | | | |
| | | Employment Status | ☐ Not employed | | | [| ☐ Not employed | | | | |
| | | Occupation | Loan Manager | | | | | | | | |
| | Include part-time, seasonal, or self-employed work. | Employer's name | Bank of the Sie | rra | | | | | | | |
| | Occupation may include student or homemaker, if it applies. | Employer's address | 86 N. Main St. Porterville, CA | 93257 | | | | | | | |
| | | How long employed t | here? <u>16 yea</u> | rs | | | | | | | |
| Pai | t 2: Give Details About Mor | nthly Income | | | | | | | | | |
| | mate monthly income as of the dause unless you are separated. | ate you file this form. If | you have nothing to r | eport for | any | line, write \$ | \$0 in the s | space. Inc | lude your no | n-filing | |
| | u or your non-filing spouse have mo e space, attach a separate sheet to | | ombine the informatio | n for all | empl | oyers for th | at person | on the lir | nes below. If | you need | |
| | | | | | | For Debte | or 1 | | otor 2 or ng spouse | | |
| 2. | List monthly gross wages, sala deductions). If not paid monthly, | | | 2. | \$ | 4,0 | 080.00 | \$ | N/A | | |
| 3. | Estimate and list monthly overt | ime pay. | | 3. | +\$ | | 0.00 | +\$ | N/A | | |
| 4. | Calculate gross Income. Add lir | ne 2 + line 3. | | 4. | \$ | 4,080 | 0.00 | \$ | N/A | | |

| Debto | r 1 | Jennifer Silva | - | Case n | umber (if known) | | | | |
|-------|--|--|------------|---------------------------------------|-----------------------|-------|---------|----------------|------------------|
| | C -m | wline 4 hore | 4 | For I | Debtor 1 | non-f | ebtor 2 | oouse | |
| , | Cop | y line 4 here | 4. | Φ | 4,080.00 | \$ | | N/A | _ |
| 5. | List | all payroll deductions: | | | | | | | |
| ; | 5a. | Tax, Medicare, and Social Security deductions | 5a. | \$ | 333.81 | \$ | | N/A | _ |
| | 5b. | Mandatory contributions for retirement plans | 5b. | \$ | 0.00 | \$ | | N/A | |
| | 5c. | Voluntary contributions for retirement plans | 5c. | \$ | 0.00 | \$ | | N/A | _ |
| | 5d. | Required repayments of retirement fund loans | 5d. | \$ | 69.47 | \$ | | N/A | _ |
| | 5e. 5f. | Insurance Demostic support obligations | 5e. 5f. | \$ | 484.51 | \$ | | N/A | _ |
| | 51. 5g. | Domestic support obligations Union dues | 5g. | \$ | 0.00 | Φ | | N/A N/A | _ |
| | 5g. 5h. | Other deductions. Specify: | 5h | · · · · · · · · · · · · · · · · · · · | 0.00 | + \$ | | N/A N/A | _ |
| 6. | Add | the payroll deductions. Add lines 5a+5b+5c+5d+5e+5f+5g+5h. | _ 6. | \$ | 887.79 | \$ | | N/A | _ |
| | | culate total monthly take-home pay. Subtract line 6 from line 4. | 7. | \$ | 3,192.21 | \$ | | N/A | _ |
| 8. | | all other income regularly received: Net income from rental property and from operating a business, profession, or farm Attach a statement for each property and business showing gross receipts, ordinary and necessary business expenses, and the total | | · | <u> </u> | · | | .,,, | - |
| | | monthly net income. | 8a. | \$ | 0.00 | \$ | | N/A | |
| | 8b. | Interest and dividends | 8b. | \$ | 0.00 | \$ | | N/A | _ |
| ; | 8c. | Family support payments that you, a non-filing spouse, or a dependent regularly receive Include alimony, spousal support, child support, maintenance, divorce | | _ | | _ | | | _ |
| | ٠. | settlement, and property settlement. | 8c. | \$ | 0.00 | \$ | | N/A | |
| | 8d. | Unemployment compensation Social Security | 8d. 8e. | \$ \$ | 0.00 | \$ | | N/A | _ |
| | 8e. 8f. | Other government assistance that you regularly receive Include cash assistance and the value (if known) of any non-cash assistance that you receive, such as food stamps (benefits under the Supplemental Nutrition Assistance Program) or housing subsidies. Specify: | | \$ \$ | 0.00 | \$ | | N/A N/A | _ |
| | 8g. | Pension or retirement income | 8g. | \$ | 0.00 | \$ | | N/A | - |
| | 8h. | Other monthly income. Specify: | 8h | + \$ | 0.00 | + \$ | | N/A | _ |
| 9. | Add | all other income. Add lines 8a+8b+8c+8d+8e+8f+8g+8h. | 9. | \$ | 0.00 | \$ | | N/A | 4 |
| | | culate monthly income. Add line 7 + line 9. the entries in line 10 for Debtor 1 and Debtor 2 or non-filing spouse. | 10. \$ | 3 | 3,192.21 + \$_ | | N/A | = \$ _ | 3,192.21 |
| | 11. State all other regular contributions to the expenses that you list in Schedule J. Include contributions from an unmarried partner, members of your household, your dependents, your roommates, and other friends or relatives. Do not include any amounts already included in lines 2-10 or amounts that are not available to pay expenses listed in Schedule J. Specify: 11. +\$ 0.00 | | | | | | | | |
| , | | the amount in the last column of line 10 to the amount in line 11. The rese that amount on the Summary of Schedules and Statistical Summary of Certainies | | | | | 12. | \$ | 3,192.21 |
| 13. | Do y | ou expect an increase or decrease within the year after you file this form | ? | | | | | Combi month | ned ly income |
| | | No. | | | | | | | |
| | | Yes. Explain: | | | | | | | |

Doc 1 Filed 08/08/18 Case 18-13252

| Fill | in this information to identify your case: | | | | | |
|-------------------|---|---|--------------|--|--|--|
| Deb | otor 1 Jennifer Silva | Check if this is: | | | | |
| | | | | An amended filing | | |
| | otor 2 ouse, if filing) | | | A supplement show 13 expenses as of the state of the sta | ving postpetition chapter the following date: | |
| Unit | ted States Bankruptcy Court for the: EASTERN DISTRICT OF CALIFO | RNIA | Ī | MM / DD / YYYY | | |
| Coo | e numbel | | | | | |
| | nown) | | | | | |
| \cap | fficial Form 106J | | | | | |
| | chedule J: Your Expenses | | | | 12/15 | |
| Be info nur | as complete and accurate as possible. If two married people are primation. If more space is needed, attach another sheet to this to mber (if known). Answer every question. | | | | r supplying correct | |
| Par 1. | t 1: Describe Your Household Is this a joint case? | | | | | |
| | ■ No. Go to line 2. □ Yes. Does Debtor 2 live in a separate household? | | | | | |
| | □ No | | | | | |
| | ☐ Yes. Debtor 2 must file Official Form 106J-2, Expenses | for Separate Housel | hold of Debt | or 2. | | |
| 2. | Do you have dependents? ☐ No | | | | | |
| | Do not list Debtor 1 and Debtor 2. Yes. Fill out this information for each dependent | Dependent's relation Debtor 1 or Debtor | | Dependent's age | Does dependent live with you? | |
| | Do not state the | | | | □ No | |
| | dependents names. | Daughter | | 7 | Yes | |
| | | Son | | 12 | □ No | |
| | | 3011 | | | ■ Yes □ No | |
| | | Son | | 13 | ■ Yes | |
| | | | | | □ No | |
| | | | | | ☐ Yes | |
| 3. | Do your expenses include expenses of people other than yourself and your dependents? | | | | | |
| Est exp | t 2: Estimate Your Ongoing Monthly Expenses timate your expenses as of your bankruptcy filing date unless your benses as of a date after the bankruptcy is filed. If this is a suppolicable date. | | | | | |
| the | lude expenses paid for with non-cash government assistance it value of such assistance and have included it on <i>Schedule I:</i> Y ficial Form 106I.) | | | Your expe | enses | |
| 4. | The rental or home ownership expenses for your residence. In payments and any rent for the ground or lot. | nclude first mortgage | 4. \$ | | 0.00 | |
| | If not included in line 4: | | | | | |
| | 4a. Real estate taxes | | 4a. \$ | | 0.00 | |
| | 4b. Property, homeowner's, or renter's insurance | | 4b. \$ | | 0.00 | |
| | 4c. Home maintenance, repair, and upkeep expenses | | 4c. \$ | | 0.00 | |
| F | 4d. Homeowner's association or condominium dues | mo oquity looss | 4d. \$ | | 0.00 | |
| 5. | Additional mortgage payments for your residence, such as how | ne equity loans | 5. \$ | | 0.00 | |

| Debtor 1 | ennifer Silva | Case num | ber (if known) | | | | |
|-------------|--|----------------|----------------|---|--|--|--|
| . Utilities | | | _ | | | | |
| | : lectricity, heat, natural gas | 6a. | \$ | 140.62 | | | |
| | ater, sewer, garbage collection | 6b. | | 125.23 | | | |
| | | | | | | | |
| | elephone, cell phone, Internet, satellite, and cable services | 6c. | · | 68.00 | | | |
| | ther. Specify: | 6d. | · | 0.00 | | | |
| | nd housekeeping supplies | 7. | \$ | 465.00 | | | |
| | re and children's education costs | 8. | \$ | 0.00 | | | |
| | g, laundry, and dry cleaning | 9. | \$ | 25.00 | | | |
|). Person | al care products and services | 10. | \$ | 20.00 | | | |
| . Medical | and dental expenses | 11. | \$ | 20.00 | | | |
| 2. Transpo | ortation. Include gas, maintenance, bus or train fare. | 40 | | 200.00 | | | |
| | nclude car payments. | 12. | | 200.00 | | | |
| | inment, clubs, recreation, newspapers, magazines, and books | 13. | · | 0.00 | | | |
| . Charita | ble contributions and religious donations | 14. | \$ | 0.00 | | | |
| . Insuran | ce. | | | | | | |
| | nclude insurance deducted from your pay or included in lines 4 or 20. | | | | | | |
| 15a. Li | fe insurance | 15a. | \$ | 0.00 | | | |
| 15b. H | ealth insurance | 15b. | \$ | 0.00 | | | |
| 15c. V | ehicle insurance | 15c. | \$ | 111.53 | | | |
| | ther insurance. Specify: | 15d. | · | 0.00 | | | |
| | Do not include taxes deducted from your pay or included in lines 4 or 20. | | • | | | | |
| Specify: | | 16. | \$ | 0.00 | | | |
| | nent or lease payments: | | | | | | |
| 17a. C | ar payments for Vehicle 1 | 17a. | \$ | 529.83 | | | |
| 17b. C | ar payments for Vehicle 2 | 17b. | \$ | 0.00 | | | |
| 17c. O | ther. Specify: | 17c. | \$ | 0.00 | | | |
| | ther. Specify: | 17d. | \$ | 0.00 | | | |
| 3. Your pa | yments of alimony, maintenance, and support that you did not report a | | | | | | |
| | ed from your pay on line 5, Schedule I, Your Income (Official Form 106I) |) . 18. | | 0.00 | | | |
| Other p | ayments you make to support others who do not live with you. | | \$ | 0.00 | | | |
| Specify: | | 19. | | | | | |
| | eal property expenses not included in lines 4 or 5 of this form or on <i>ScI</i> | | | | | | |
| 20a. M | ortgages on other property | 20a. | \$ | 0.00 | | | |
| 20b. R | eal estate taxes | 20b. | \$ | 0.00 | | | |
| 20c. P | roperty, homeowner's, or renter's insurance | 20c. | \$ | 0.00 | | | |
| 20d. M | aintenance, repair, and upkeep expenses | 20d. | \$ | 0.00 | | | |
| | omeowner's association or condominium dues | 20e. | \$ | 0.00 | | | |
| l. Other: S | Proofty: | 21. | · | 0.00 | | | |
| | • • | | .Ψ | 0.00 | | | |
| | te your monthly expenses | | | | | | |
| | d lines 4 through 21. | | \$ | 1,705.21 | | | |
| 22b. Co | py line 22 (monthly expenses for Debtor 2), if any, from Official Form 106J-2 | | \$ | | | | |
| 22c. Ad | d line 22a and 22b. The result is your monthly expenses. | | \$ | 1,705.21 | | | |
| | · | | · — | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | |
| | te your monthly net income. | | | | | | |
| | opy line 12 (your combined monthly income) from Schedule I. | 23a. | · | 3,192.21 | | | |
| 23b. C | opy your monthly expenses from line 22c above. | 23b. | -\$ | 1,705.21 | | | |
| 00- 0 | the state of the s | | | | | | |
| | ubtract your monthly expenses from your monthly income. he result is your <i>monthly net income</i> . | 23c. | \$ | 1,487.00 | | | |
| - 11 | ne result is your monthly net income. | 200. | * | , | | | |
| 4. Do you | expect an increase or decrease in your expenses within the year after | you file this | form? | | | | |
| For exam | For example, do you expect to finish paying for your car loan within the year or do you expect your mortgage payment to increase or decrease because of a | | | | | | |
| modificat | ion to the terms of your mortgage? | | | | | | |
| ■ No. | | | | | | | |
| ☐ Yes. | Explain here: | | | | | | |

| Fill in this | information to identify your | case: | | | |
|-------------------------------|--|--|--------------------------------------|-------------------------|---|
| Debtor 1 | Jennifer Silva | | | | |
| 5 1 | First Name | Middle Name | Last Name | | |
| Debtor 2 (Spouse if, filir | ng) First Name | Middle Name | Last Name | | |
| | - | | | | |
| United Sta | ites Bankruptcy Court for the: | EASTERN DISTRICT OF (| CALIFORNIA | | |
| Case numl | ber | | | | |
| (if known) | | | | | ☐ Check if this is an |
| | | | | | amended filing |
| You must f | | le bankruptcy schedules on connection with a bankru | amended schedules. | Making a false staten | nent, concealing property, or , or imprisonment for up to 20 |
| | Sign Below | | | | |
| Did y | ou pay or agree to pay some | one who is NOT an attorne | y to help you fill out ba | ankruptcy forms? | |
| = 1 | No | | | | |
| " " | Yes. Name of person | Attach Bankr | nkruptcy Petition Preparer's Notice, | | |
| | | | | Declaration, a | and Signature (Official Form 119) |
| | r penalty of perjury, I declare ney are true and correct. | that I have read the summa | ry and schedules filed | l with this declaration | and |
| X /s | s/ Jennifer Silva | | X | | |
| | ennifer Silva | | Signature of D | Debtor 2 | |
| Si | ignature of Debtor 1 | | | | |
| D | ate August 8, 2018 | | Date | | |
| | | | | | |

Filed 08/08/18 Case 18-13252

| Fill | n this inform | nation to identify you | r case: | | | |
|----------------|---|--|--|------------------------------------|--|------------------------------------|
| Deb | | Jennifer Silva | | | | |
| 200 | | First Name | Middle Name | Last Name | | |
| | tor 2 ise if, filing) | First Name | Middle Name | Last Name | | |
| Unit | ed States Bar | nkruptcy Court for the: | EASTERN DISTRICT OF | CALIFORNIA | | |
| Offic | ca Otates Bai | intupitely Court for the. | ENGIENT BIOTHOT OF | OALH ORIGINA | | |
| Cas (if kno | e number own) | | | | _ | heck if this is an mended filing |
| | icial Fo | | Affairs for Individ | luals Filing for B | ankruntev | 4/16 |
| | | | | | equally responsible for sup | |
| infor | mation. If m | ore space is needed, | attach a separate sheet to | | additional pages, write you | |
| num | ber (if knowr | n). Answer every ques | stion. | | | |
| Part | Give D | etails About Your Ma | rital Status and Where You | Lived Before | | |
| 1. | What is your | current marital statu | ıs? | | | |
| | □ Married■ Not mar | ried | | | | |
| 2. | During the la | ast 3 vears, have you | lived anywhere other than | where you live now? | | |
| | _ | , , , | , | | | |
| | ■ No □ Yes. Lis | t all of the places you I | ived in the last 3 years. Do no | ot include where you live now | | |
| | Debtor 1 Pri | ior Address: | Dates Debtor 1 lived there | Debtor 2 Prior Ad | dress: | Dates Debtor 2 lived there |
| | | | | | ity property state or territory co, Texas, Washington and W | |
| | □ No | | | | | |
| | Yes. Ma | ke sure you fill out Sch | nedule H: Your Codebtors (Of | ficial Form 106H). | | |
| Port | 2 Evploi | n the Courses of Vou | r Incomo | | | |
| Part | Explai | n the Sources of You | i income | | | |
| | Fill in the tota | I amount of income yo | nployment or from operatin u received from all jobs and a have income that you receive | all businesses, including part- | | ndar years? |
| | □ No | | | | | |
| | _ | in the details. | | | | |
| | | | Debtor 1 | | Debtor 2 | |
| | | | Sources of income | Gross income | Sources of income | Gross income |
| | | | Check all that apply. | (before deductions and exclusions) | Check all that apply. | (before deductions and exclusions) |
| | | of current year until d for bankruptcy: | ■ Wages, commissions, bonuses, tips | \$33,360.00 | ☐ Wages, commissions, bonuses, tips | |
| | | | ☐ Operating a business | | ☐ Operating a business | |

Debtor 1 Jennifer Silva Case number (if known) Debtor 1 Debtor 2 Sources of income **Gross income** Sources of income **Gross income** Check all that apply. (before deductions and Check all that apply. (before deductions exclusions) and exclusions) For last calendar year: \$45,847.00 ☐ Wages, commissions, Wages, commissions, (January 1 to December 31, 2017) bonuses, tips bonuses, tips ☐ Operating a business ☐ Operating a business Did you receive any other income during this year or the two previous calendar years? Include income regardless of whether that income is taxable. Examples of other income are alimony; child support; Social Security, unemployment, and other public benefit payments; pensions; rental income; interest; dividends; money collected from lawsuits; royalties; and gambling and lottery winnings. If you are filing a joint case and you have income that you received together, list it only once under Debtor 1. List each source and the gross income from each source separately. Do not include income that you listed in line 4. Yes. Fill in the details. **Debtor 1** Debtor 2 Sources of income **Gross income from** Sources of income **Gross income** Describe below. Describe below. (before deductions each source (before deductions and and exclusions) exclusions) Part 3: List Certain Payments You Made Before You Filed for Bankruptcy Are either Debtor 1's or Debtor 2's debts primarily consumer debts? □ No. Neither Debtor 1 nor Debtor 2 has primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose." During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$6,425* or more? \square No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$6,425* or more in one or more payments and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. * Subject to adjustment on 4/01/19 and every 3 years after that for cases filed on or after the date of adjustment. Debtor 1 or Debtor 2 or both have primarily consumer debts. During the 90 days before you filed for bankruptcy, did you pay any creditor a total of \$600 or more? No. Go to line 7. ☐ Yes List below each creditor to whom you paid a total of \$600 or more and the total amount you paid that creditor. Do not include payments for domestic support obligations, such as child support and alimony. Also, do not include payments to an attorney for this bankruptcy case. Creditor's Name and Address Dates of payment **Total amount** Amount you Was this payment for ... paid still owe Within 1 year before you filed for bankruptcy, did you make a payment on a debt you owed anyone who was an insider? Insiders include your relatives; any general partners; relatives of any general partners; partnerships of which you are a general partner; corporations of which you are an officer, director, person in control, or owner of 20% or more of their voting securities; and any managing agent, including one for a business you operate as a sole proprietor. 11 U.S.C. § 101. Include payments for domestic support obligations, such as child support and alimony. ☐ Yes. List all payments to an insider. **Insider's Name and Address** Dates of payment **Total amount** Amount you Reason for this payment still owe paid

| Del | btor 1 _ Jennifer Silva | | Cas | e number (if known) | · | |
|-----|--|--|---|----------------------|---------------------|--------------------------------|
| | • | | | | | |
| 8. | Within 1 year before you filed for bankrup insider? Include payments on debts guaranteed or co | | ments or transfer a | ny property on a | account of a d | lebt that benefited an |
| | ■ No □ Yes. List all payments to an insider | | | | | |
| | Insider's Name and Address | Dates of payment | Total amount paid | Amount you still owe | | r this payment ditor's name |
| Par | rt 4: Identify Legal Actions, Repossessio | ns. and Foreclosures | | | | |
| 9. | Within 1 year before you filed for bankrup List all such matters, including personal injury modifications, and contract disputes. | tcy, were you a party in an | | | | |
| | □ No■ Yes. Fill in the details. | | | | | |
| | Case title Case number | Nature of the case | Court or agency | | Status of the | he case |
| | LVNV Funding LLC v. Jennifer Silva 182660 | Civil | Superior Court 300 East Olive Porterville, CA | Ave. | ☐ Pending ☐ On appe | eal |
| | Discover Bank v. Jennifer Silva 179860 | Civil | Superior Court 300 East Olive Porterville, CA | | ☐ Pending ☐ On appo | eal |
| 10. | Within 1 year before you filed for bankrup. Check all that apply and fill in the details below. No. Go to line 11. Yes. Fill in the information below. | w. | erty repossessed, fo | | | |
| | Creditor Name and Address | Describe the Property Explain what happened | 1 | Date | | Value of the property |
| 11. | Within 90 days before you filed for bankru accounts or refuse to make a payment bed No Yes. Fill in the details. | | luding a bank or fin | nancial institutio | n, set off any | amounts from your |
| | Creditor Name and Address | | | | | Amount |
| 12. | Within 1 year before you filed for bankrup court-appointed receiver, a custodian, or a No Yes | | erty in the possessi | ion of an assigne | ee for the ben | efit of creditors, a |
| Par | rt 5: List Certain Gifts and Contributions | | | | | |
| 13. | Within 2 years before you filed for bankru No Yes. Fill in the details for each gift. | otcy, did you give any gifts | s with a total value | of more than \$6 | 00 per person | ? |
| | Gifts with a total value of more than \$600 per person | Describe the gifts | | Date the g | s you gave gifts | Value |
| | Person to Whom You Gave the Gift and Address: | | | | | |

Debtor 1 **Jennifer Silva**

Case number (if known)

| 14. | Within 2 years before you filed for bank | cruptcy, c | lid you give any gifts or contributions | with a total | value of more than | \$600 to any charity? |
|-----|--|------------------------|---|--------------|----------------------------------|--------------------------|
| | No | | | | | |
| | ☐ Yes. Fill in the details for each gift or | contributi | on. | | | |
| | Gifts or contributions to charities that more than \$600 Charity's Name Address (Number, Street, City, State and ZIP Co | | Describe what you contributed | | Dates you contributed | Value |
| | | Í | | | | |
| Pa | rt 6: List Certain Losses | | | | | |
| 15. | Within 1 year before you filed for bankr or gambling? | uptcy or | since you filed for bankruptcy, did yo | u lose anyth | ning because of the | ft, fire, other disaster |
| | ■ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Describe the property you lost and | Descri | be any insurance coverage for the los | s | Date of your | Value of property |
| | how the loss occurred | Include | the amount that insurance has paid. Lis ace claims on line 33 of <i>Schedule A/B: Pl</i> | t pending | loss | lost |
| | List Contain Develope on Transfer | | | | | |
| Pal | rt 7: List Certain Payments or Transfe | rs | | | | |
| 16. | Within 1 year before you filed for bankr consulted about seeking bankruptcy or Include any attorneys, bankruptcy petition | preparii | ng a bankruptcy petition? | | | rty to anyone you |
| | □ No | | | | | |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid | | Description and value of any prepar | 4.7 | Data naumant | Amount |
| | Address | | Description and value of any proper transferred | ty | Date payment or transfer was | Amount of payment |
| | Email or website address Person Who Made the Payment, if Not | You | | | made | 1.7 |
| | Scott Lyons Attorney At Law 1010 W. Main Street | | \$1000 attorney fees \$310 filing fees | | 8/1/2018 | \$1,310.00 |
| | Visalia, CA 93291 | | | | | |
| | scottlyons@lyons4justice.com | | | | | |
| 17. | Within 1 year before you filed for bankr promised to help you deal with your crop Do not include any payment or transfer the | editors o | r to make payments to your creditors? | | r transfer any prope | rty to anyone who |
| | Yes. Fill in the details. | | | | | |
| | Person Who Was Paid | | Description and value of any proper | 41/ | Date payment | Amount of |
| | Address | | transferred | ty | or transfer was made | payment |
| 18. | Within 2 years before you filed for bank transferred in the ordinary course of you Include both outright transfers and transfer include gifts and transfers that you have a | our busin rs made a | ess or financial affairs? as security (such as the granting of a sec | | | |
| | No | | | | | |
| | Yes. Fill in the details. | | | _ | | |
| | Person Who Received Transfer Address | | Description and value of property transferred | | ny property or received or debts | Date transfer was made |
| | Person's relationship to you | | | paid iii GAC | | |
| | | | | | | |

Doc 3

Debtor 1 Jennifer Silva Case number (if known)

| Within 10 years before you filed for bankruptcy, did you transfer any property to a self-settled trust or similar device of which you are beneficiary? (These are often called asset-protection devices.) No Yes. Fill in the details. | | | | | of which you are a | |
|--|---|---|-----------------------------|-------------|--|---|
| | Name of trust | Description and v | alue of the pro | perty trans | ferred | Date Transfer was made |
| Par | t 8: List of Certain Financial Accounts, Instru | ments, Safe Deposit | Boxes, and St | orage Unit | s | |
| 20. | Within 1 year before you filed for bankruptcy, w sold, moved, or transferred? Include checking, savings, money market, or of houses, pension funds, cooperatives, association. | ther financial accour | nts; certificates | of deposit | | |
| | | est 4 digits of count number | Type of accounts instrument | unt or | Date account was closed, sold, moved, or transferred | Last balance before closing or transfer |
| 21. | Do you now have, or did you have within 1 year cash, or other valuables? | before you filed for | bankruptcy, ar | ny safe dep | oosit box or other deposi | tory for securities, |
| | ■ No □ Yes. Fill in the details. | | | | | |
| | Name of Financial Institution Address (Number, Street, City, State and ZIP Code) | Who else had acc Address (Number, State and ZIP Code) | | Describe | the contents | Do you still have it? |
| 22. | Have you stored property in a storage unit or p ■ No □ Yes. Fill in the details. | lace other than your | home within 1 | year befor | e you filed for bankruptc | y? |
| | Name of Storage Facility Address (Number, Street, City, State and ZIP Code) | Who else has or h to it? Address (Number, St State and ZIP Code) | | Describe | the contents | Do you still have it? |
| Par 23. | Do you hold or control any property that someofor someone. No Yes. Fill in the details. | | ude any proper | ty you borr | rowed from, are storing f | or, or hold in trust |
| | Owner's Name Address (Number, Street, City, State and ZIP Code) | Where is the prop (Number, Street, City, S Code) | | Describe | the property | Value |
| Par | t 10: Give Details About Environmental Inform | ation | | | | |
| For | the purpose of Part 10, the following definitions | apply: | | | | |
| | Environmental law means any federal, state, or toxic substances, wastes, or material into the a regulations controlling the cleanup of these su | ir, land, soil, surface | water, ground | • . | | |
| | Site means any location, facility, or property as to own, operate, or utilize it, including disposal | • | environmental l | aw, wheth | er you now own, operate | , or utilize it or used |
| | Hazardous material means anything an environmental law defines as a hazardous waste, hazardous substance, toxic substance, hazardous material, pollutant, contaminant, or similar term. | | | | | |

Report all notices, releases, and proceedings that you know about, regardless of when they occurred.

Debtor 1 Jennifer Silva Case number (if known)

| 24. | Has | any governmental unit notified you that | you may be liable or potentially liable | un | der or in violation of an environme | ental law? | | |
|--|---|--|--|----------------------------------|---|--------------------|--|--|
| | | Yes. Fill in the details. | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | |
| 25. | Hav | e you notified any governmental unit of | any release of hazardous material? | | | | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | me of site dress (Number, Street, City, State and ZIP Code) | Governmental unit Address (Number, Street, City, State and ZIP Code) | d | Environmental law, if you know it | Date of notice | | |
| 26. | Hav | e you been a party in any judicial or adm | inistrative proceeding under any envi | ron | nmental law? Include settlements a | and orders. | | |
| | | No Yes. Fill in the details. | | | | | | |
| | | se Title se Number | Court or agency Name Address (Number, Street, City, State and ZIP Code) | Na | ature of the case | Status of the case | | |
| Par | t 11: | Give Details About Your Business or 0 | Connections to Any Business | | | | | |
| 27. | Wit | nin 4 years before you filed for bankrupto | cy, did you own a business or have an | ıy o | of the following connections to any | business? | | |
| | | ☐ A sole proprietor or self-employed in | a trade, profession, or other activity, | eit | her full-time or part-time | | | |
| | | ☐ A member of a limited liability comp | any (LLC) or limited liability partnershi | ip (| LLP) | | | |
| | | ☐ A partner in a partnership | | | | | | |
| | | ☐ An officer, director, or managing exe | ecutive of a corporation | | | | | |
| | | ☐ An owner of at least 5% of the voting | g or equity securities of a corporation | | | | | |
| | | No. None of the above applies. Go to P | art 12. | | | | | |
| | | Yes. Check all that apply above and fill | in the details below for each business | s. | | | | |
| | | siness Name | Describe the nature of the business | | Employer Identification number Do not include Social Security | | | |
| | Address (Number, Street, City, State and ZIP Code) | | Name of accountant or bookkeeper | | | number or IIIN. | | |
| 28. Within 2 years before you filed for bankruptcy, did you give a financial statement to anyone about your business? institutions, creditors, or other parties. | | | | nyone about your business? Inclu | ide all financial | | | |
| | | No Yes. Fill in the details below. | | | | | | |
| | Name Address (Number, Street, City, State and ZIP Code) | | | | | | | |
| | | | | | | | | |

Filed 08/08/18

Case 18-13252

Doc 1

| Debtor 1 Jennifer Silva | Case number (if known) | | | | | |
|---|---|--|--|--|--|--|
| | | | | | | |
| Part 12: Sign Below | | | | | | |
| | Affairs and any attachments, and I declare under penalty of perjury that the answers statement, concealing property, or obtaining money or property by fraud in connection 00, or imprisonment for up to 20 years, or both. | | | | | |
| /s/ Jennifer Silva | | | | | | |
| Jennifer Silva Signature of Debtor 1 | Signature of Debtor 2 | | | | | |
| Date August 8, 2018 | Date | | | | | |
| Did you attach additional pages to <i>Your Statement of F</i> ■ No □ Yes | Financial Affairs for Individuals Filing for Bankruptcy (Official Form 107)? | | | | | |
| Did you pay or agree to pay someone who is not an att ■ No | corney to help you fill out bankruptcy forms? | | | | | |
| Yes. Name of Person Attach the Bankruptcy Petition Preparer's Notice, Declaration, and Signature (Official Form 119). | | | | | | |

| Fill in this information to identify your case: | | | | | |
|---|--------------------------|--------------------------------|---|--|--|
| Debtor 1 | Jennifer Silva | | | | |
| Debtor 2 (Spouse, if filing) | | | _ | | |
| United States B | ankruptcy Court for the: | Eastern District of California | _ | | |
| Case number (if known) | | | _ | | |

| Check as directed in lines 17 and 21: | | | | | | | |
|---|--|--|--|--|--|--|--|
| According to the calculations required by this Statement: | | | | | | | |
| | 1. Disposable income is not determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 2. Disposable income is determined under 11 U.S.C. § 1325(b)(3). | | | | | | |
| | 3. The commitment period is 3 years. | | | | | | |
| | 4. The commitment period is 5 years. | | | | | | |

☐ Check if this is an amended filing

Official Form 122C-1

Chapter 13 Statement of Your Current Monthly Income and Calculation of Commitment Period

12/15

Be as complete and accurate as possible. If two married people are filing together, both are equally responsible for being accurate. If more space is needed, attach a separate sheet to this form. Include the line number to which the additional information applies. On the top of any additional pages, write your name and case number (if known).

| Part | 1: | Calculate Your Average Monthly Income | | | | | | | |
|--|-------------------|--|--------------------------------|---------------------|------------------------------------|------------------|------------------------------------|--|--------------------------------|
| 1. | What | is your marital and filing status? Check one of | nly. | | | | | | |
| | ■ No | ot married. Fill out Column A, lines 2-11. | | | | | | | |
| | □ Ma | arried. Fill out both Columns A and B, lines 2-11. | | | | | | | |
| 10 the | 1(10A) e 6 mor | e average monthly income that you received from all. For example, if you are filing on September 15, the 6-inths, add the income for all 6 months and divide the totown the same rental property, put the income from that | month perio al by 6. Fill i | d would n the re | be March 1 thro sult. Do not inclu | ugh Au de any | gust 31. If the amoincome amount m | ount of your monthly incom ore than once. For example | e varied during le, if both |
| | | | | | | Colui Debt | | Column B Debtor 2 or non-filing spouse | |
| 2. | | gross wages, salary, tips, bonuses, overtime Il deductions). | , and com | missio | ons (before all | \$ | 4,880.00 | \$ | |
| 3. | | ony and maintenance payments. Do not include nn B is filled in. | e payment | ts from | a spouse if | \$ | 0.00 | \$ | |
| 4. All amounts from any source which are regularly paid for household expenses of you or your dependents, including child support. Include regular contributions from an unmarried partner, members of your household, your dependents, parents, and roommates. Do not include payments from a spouse. Do not include payments you listed on line 3. | | | | | \$ | 0.00 | \$ | | |
| 5. | | ncome from operating a business, ssion, or farm | Debtor 1 | | | | | | |
| | Gross | receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordin | ary and necessary operating expenses | -\$ | 0.00 | | | | | |
| | Net m | onthly income from a business, profession, or fa | rm \$ | 0.00 | Copy here -> | • \$ | 0.00 | \$ | |
| 6. | Net ir | ncome from rental and other real property | Debtor 1 | | | | | | |
| | Gross | receipts (before all deductions) | \$ | 0.00 | | | | | |
| | Ordin | ary and necessary operating expenses | - \$ | 0.00 | | | | | |
| | Net m | nonthly income from rental or other real property | \$ | 0.00 | Copy here -> | \$ | 0.00 | \$ | |

Filed 08/08/18 Case 18-13252

Case number (if known)

Jennifer Silva

Debtor 1

Doc 1

| | | | | - | | | | | |
|------------|-----------------------|--|---|-----------------------|-------------------|-----------|------------------------------------|---------------|-------|
| | | | | | Column A Debtor 1 | | Column B Debtor 2 or non-filing sp | ouse | |
| 7. | Inter | est, dividends, and royalties | | | \$ | 0.00 | \$ | | |
| | | nployment compensation | | | \$ | 0.00 | \$ | | |
| | | ot enter the amount if you contend that the accial Security Act. Instead, list it here: | amount received was a | benefit under | | | | | |
| | Fo | r you | \$ | 0.00 | | | | | |
| | Fo | r your spouse | \$ | | | | | | |
| 9. | Pens bene | sion or retirement income. Do not include fit under the Social Security Act. | any amount received th | nat was a | \$ | 0.00 | \$ | | |
| 10. | Do n recei dome | me from all other sources not listed about include any benefits received under the Sived as a victim of a war crime, a crime againstic terrorism. If necessary, list other source below. | Social Security Act or panst humanity, or interna | ayments ational or | | | | | |
| | | | | | \$ | 0.00 | \$ | | |
| | | | | | \$ | 0.00 | \$ | | |
| | | Total amounts from separate pages, if a | any. | + | \$ | 0.00 | \$ | | |
| 11. | | ulate your total average monthly income column. Then add the total for Column A to | | | 4,880.00 | + \$ | | Total avera | |
| Part | 2: | Determine How to Measure Your Dedu | ctions from Income | | | | | • | |
| 12. 13. | Copy | y your total average monthly income fron ulate the marital adjustment. Check one: | n line 11 | | | | | \$\$ | 30.00 |
| | | You are not married. Fill in 0 below. | | | | | | | |
| | | You are married and your spouse is filing w | vith you. Fill in 0 below. | | | | | | |
| | | You are married and your spouse is not filir | ng with you. | | | | | | |
| | | Fill in the amount of the income listed in line dependents, such as payment of the spous | e's tax liability or the sp | ouse's suppor | t of someone | other tha | an you or your o | lependents. | |
| | | Below, specify the basis for excluding this is adjustments on a separate page. | | of income dev | oted to each | purpose. | If necessary, li | st additional | |
| | | If this adjustment does not apply, enter 0 be | elow. | ¢ | | | | | |
| | | | | \$ | | _ | | | |
| | | | | +\$ | | _ | | | |
| | | Total | | \$ | 0.00 | Coi | oy here=> | _ | 0.00 |
| | | | | ··· L' — | | | | | |
| 14. | Υοι | ur current monthly income. Subtract line | 13 from line 12. | | | | | \$\$ | 80.00 |
| 15. | Cal | culate your current monthly income for t | he year. Follow these | steps: | | | | | |
| | 15a | . Copy line 14 here=> | | | | | | \$4,88 | 80.00 |
| | | Multiply line 15a by 12 (the number of me | onths in a year). | | | | , | x 12 | |
| | | The manufacture or manufacture as a shall be in a com- | | | | | | • F0 F | 80.00 |
| | 15b | . The result is your current monthly income | e for the year for this pa | art of the form. | | | | \$ 58,56 | 0.00 |

Jennifer Silva Debtor 1 Case number (if known) 16. Calculate the median family income that applies to you. Follow these steps: 16a. Fill in the state in which you live. CA 16b. Fill in the number of people in your household. 4 91.349.00 16c. Fill in the median family income for your state and size of household. To find a list of applicable median income amounts, go online using the link specified in the separate instructions for this form. This list may also be available at the bankruptcy clerk's office. 17. How do the lines compare? Line 15b is less than or equal to line 16c. On the top of page 1 of this form, check box 1, Disposable income is not determined under 11 U.S.C. § 1325(b)(3). Go to Part 3. Do NOT fill out Calculation of Your Disposable Income (Official Form 122C-2). Line 15b is more than line 16c. On the top of page 1 of this form, check box 2, Disposable income is determined under 11 U.S.C. § 17b. 1325(b)(3). Go to Part 3 and fill out Calculation of Your Disposable Income (Official Form 122C-2). On line 39 of that form, copy your current monthly income from line 14 above. Part 3: Calculate Your Commitment Period Under 11 U.S.C. § 1325(b)(4) 18. Copy your total average monthly income from line 11. 4.880.00 19. Deduct the marital adjustment if it applies. If you are married, your spouse is not filing with you, and you contend that calculating the commitment period under 11 U.S.C. § 1325(b)(4) allows you to deduct part of your spouse's income, copy the amount from line 13. 0.00 19a. If the marital adjustment does not apply, fill in 0 on line 19a. 4,880.00 19b. Subtract line 19a from line 18. \$ 20. Calculate your current monthly income for the year. Follow these steps: 4,880.00 20a. Copy line 19b Multiply by 12 (the number of months in a year). **x** 12 58,560.00 20b. The result is your current monthly income for the year for this part of the form \$ 91,349.00 20c. Copy the median family income for your state and size of household from line 16c \$ 21. How do the lines compare? Line 20b is less than line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 3, The commitment period is 3 years. Go to Part 4. Line 20b is more than or equal to line 20c. Unless otherwise ordered by the court, on the top of page 1 of this form, check box 4, The commitment period is 5 years. Go to Part 4. Part 4: By signing here, under penalty of perjury I declare that the information on this statement and in any attachments is true and correct. X /s/ Jennifer Silva Jennifer Silva Signature of Debtor 1 Date *August 8, 2018* MM / DD / YYYY If you checked 17a, do NOT fill out or file Form 122C-2. If you checked 17b, fill out Form 122C-2 and file it with this form. On line 39 of that form, copy your current monthly income from line 14 above.

Debtor 1 Jennifer Silva Case number (if known)

Current Monthly Income Details for the Debtor

Debtor Income Details:

Income for the Period 02/01/2018 to 07/31/2018.

Line 2 - Gross wages, salary, tips, bonuses, overtime, commissions

Source of Income: Bank of the Sierra

Year-to-Date Income:

Starting Year-to-Date Income: **\$4,080.00** from check dated **1/31/2018**. Ending Year-to-Date Income: **\$33,360.00** from check dated **7/31/2018**.

Income for six-month period (Ending-Starting): \$29,280.00.

Average Monthly Income: \$4,880.00.

Notice Required by 11 U.S.C. § 342(b) for Individuals Filing for Bankruptcy (Form 2010)

This notice is for you if:

You are an individual filing for bankruptcy, and

Your debts are primarily consumer debts. Consumer debts are defined in 11 U.S.C. § 101(8) as "incurred by an individual primarily for a personal, family, or household purpose."

The types of bankruptcy that are available to individuals

Individuals who meet the qualifications may file under one of four different chapters of Bankruptcy Code:

Chapter 7 - Liquidation

Chapter 11 - Reorganization

Chapter 12 - Voluntary repayment plan for family farmers or fishermen

Chapter 13 - Voluntary repayment plan for individuals with regular income

You should have an attorney review your decision to file for bankruptcy and the choice of chapter.

| Chapter 7: | Liquidation |
|------------|--------------------|
| \$245 | filing fee |
| \$75 | administrative fee |
| + \$15 | trustee surcharge |
| \$335 | total fee |

Chapter 7 is for individuals who have financial difficulty preventing them from paying their debts and who are willing to allow their nonexempt property to be used to pay their creditors. The primary purpose of filing under chapter 7 is to have your debts discharged. The bankruptcy discharge relieves you after bankruptcy from having to pay many of your pre-bankruptcy debts. Exceptions exist for particular debts, and liens on property may still be enforced after discharge. For example, a creditor may have the right to foreclose a home mortgage or repossess an automobile.

However, if the court finds that you have committed certain kinds of improper conduct described in the Bankruptcy Code, the court may deny your discharge.

You should know that even if you file chapter 7 and you receive a discharge, some debts are not discharged under the law. Therefore, you may still be responsible to pay:

most taxes:

most student loans;

domestic support and property settlement obligations;

most fines, penalties, forfeitures, and criminal restitution obligations; and

certain debts that are not listed in your bankruptcy papers.

You may also be required to pay debts arising from:

fraud or theft;

fraud or defalcation while acting in breach of fiduciary capacity;

intentional injuries that you inflicted; and

death or personal injury caused by operating a motor vehicle, vessel, or aircraft while intoxicated from alcohol or drugs.

If your debts are primarily consumer debts, the court can dismiss your chapter 7 case if it finds that you have enough income to repay creditors a certain amount. You must file *Chapter 7 Statement of Your Current Monthly Income* (Official Form 122A–1) if you are an individual filing for bankruptcy under chapter 7. This form will determine your current monthly income and compare whether your income is more than the median income that applies in your state.

If your income is not above the median for your state, you will not have to complete the other chapter 7 form, the *Chapter 7 Means Test Calculation* (Official Form 122A–2).

If your income is above the median for your state, you must file a second form —the *Chapter 7 Means Test Calculation* (Official Form 122A–2). The calculations on the form— sometimes called the *Means Test*—deduct from your income living expenses and payments on certain debts to determine any amount available to pay unsecured creditors. If

your income is more than the median income for your state of residence and family size, depending on the results of the *Means Test*, the U.S. trustee, bankruptcy administrator, or creditors can file a motion to dismiss your case under § 707(b) of the Bankruptcy Code. If a motion is filed, the court will decide if your case should be dismissed. To avoid dismissal, you may choose to proceed under another chapter of the Bankruptcy Code.

If you are an individual filing for chapter 7 bankruptcy, the trustee may sell your property to pay your debts, subject to your right to exempt the property or a portion of the proceeds from the sale of the property. The property, and the proceeds from property that your bankruptcy trustee sells or liquidates that you are entitled to, is called *exempt property*. Exemptions may enable you to keep your home, a car, clothing, and household items or to receive some of the proceeds if the property is sold.

Exemptions are not automatic. To exempt property, you must list it on *Schedule C: The Property You Claim as Exempt* (Official Form 106C). If you do not list the property, the trustee may sell it and pay all of the proceeds to your creditors.

Chapter 11: Reorganization

\$1,167 filing fee

+ \$550 administrative fee

\$1,717 total fee

Chapter 11 is often used for reorganizing a business, but is also available to individuals. The provisions of chapter 11 are too complicated to summarize briefly.

Read These Important Warnings

Because bankruptcy can have serious long-term financial and legal consequences, including loss of your property, you should hire an attorney and carefully consider all of your options before you file. Only an attorney can give you legal advice about what can happen as a result of filing for bankruptcy and what your options are. If you do file for bankruptcy, an attorney can help you fill out the forms properly and protect you, your family, your home, and your possessions.

Although the law allows you to represent yourself in bankruptcy court, you should understand that many people find it difficult to represent themselves successfully. The rules are technical, and a mistake or inaction may harm you. If you file without an attorney, you are still responsible for knowing and following all of the legal requirements.

You should not file for bankruptcy if you are not eligible to file or if you do not intend to file the necessary documents.

Bankruptcy fraud is a serious crime; you could be fined and imprisoned if you commit fraud in your bankruptcy case. Making a false statement, concealing property, or obtaining money or property by fraud in connection with a bankruptcy case can result in fines up to \$250,000, or imprisonment for up to 20 years, or both. 18 U.S.C. §§ 152, 1341, 1519, and 3571.

Chapter 12: Repayment plan for family farmers or fishermen

| | \$200 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$275 | total fee |

Similar to chapter 13, chapter 12 permits family farmers and fishermen to repay their debts over a period of time using future earnings and to discharge some debts that are not paid.

Chapter 13: Repayment plan for individuals with regular income

| | \$235 | filing fee |
|---|-------|--------------------|
| + | \$75 | administrative fee |
| | \$310 | total fee |

Chapter 13 is for individuals who have regular income and would like to pay all or part of their debts in installments over a period of time and to discharge some debts that are not paid. You are eligible for chapter 13 only if your debts are not more than certain dollar amounts set forth in 11 U.S.C. § 109.

Under chapter 13, you must file with the court a plan to repay your creditors all or part of the money that you owe them, usually using your future earnings. If the court approves your plan, the court will allow you to repay your debts, as adjusted by the plan, within 3 years or 5 years, depending on your income and other factors.

After you make all the payments under your plan, many of your debts are discharged. The debts that are not discharged and that you may still be responsible to pay include:

domestic support obligations,

most student loans,

certain taxes.

debts for fraud or theft,

debts for fraud or defalcation while acting in a fiduciary capacity,

most criminal fines and restitution obligations,

certain debts that are not listed in your bankruptcy papers,

certain debts for acts that caused death or personal injury, and

certain long-term secured debts.

Warning: File Your Forms on Time

Section 521(a)(1) of the Bankruptcy Code requires that you promptly file detailed information about your creditors, assets, liabilities, income, expenses and general financial condition. The court may dismiss your bankruptcy case if you do not file this information within the deadlines set by the Bankruptcy Code, the Bankruptcy Rules, and the local rules of the court.

For more information about the documents and their deadlines, go to: http://www.uscourts.gov/bkforms/bankruptcy_forms.html#procedure.

Bankruptcy crimes have serious consequences

If you knowingly and fraudulently conceal assets or make a false oath or statement under penalty of perjury—either orally or in writing—in connection with a bankruptcy case, you may be fined, imprisoned, or both.

All information you supply in connection with a bankruptcy case is subject to examination by the Attorney General acting through the Office of the U.S. Trustee, the Office of the U.S. Attorney, and other offices and employees of the U.S. Department of Justice.

Make sure the court has your mailing address

The bankruptcy court sends notices to the mailing address you list on *Voluntary Petition for Individuals Filing for Bankruptcy* (Official Form 101). To ensure that you receive information about your case, Bankruptcy Rule 4002 requires that you notify the court of any changes in your address.

A married couple may file a bankruptcy case together—called a *joint case*. If you file a joint case and each spouse lists the same mailing address on the bankruptcy petition, the bankruptcy court generally will mail you and your spouse one copy of each notice, unless you file a statement with the court asking that each spouse receive separate copies.

Understand which services you could receive from credit counseling agencies

The law generally requires that you receive a credit counseling briefing from an approved credit counseling agency. 11 U.S.C. § 109(h). If you are filing a joint case, both spouses must receive the briefing. With limited exceptions, you must receive it within the 180 days *before* you file your bankruptcy petition. This briefing is usually conducted by telephone or on the Internet.

In addition, after filing a bankruptcy case, you generally must complete a financial management instructional course before you can receive a discharge. If you are filing a joint case, both spouses must complete the course.

You can obtain the list of agencies approved to provide both the briefing and the instructional course from: http://justice.gov/ust/eo/hapcpa/ccde/cc_approved.html

In Alabama and North Carolina, go to: http://www.uscourts.gov/FederalCourts/Bankruptcy/BankruptcyResources/ApprovedCredit AndDebtCounselors.aspx.

If you do not have access to a computer, the clerk of the bankruptcy court may be able to help you obtain the list.

B2030 (Form 2030) (12/15)

United States Bankruptcy Court Eastern District of California

| In re | In re Jennifer Silva | | Case No. | | | |
|---|--|--|-------------------|-----------------------------------|--|--|
| | | Debtor(s) | Chapter | 13 | | |
| | DISCLOSURE OF CO | OMPENSATION OF ATTORNI | EY FOR DE | EBTOR(S) | | |
| C | 1. Pursuant to 11 U.S.C. § 329(a) and Fed. Bankr. P. 2016(b), I certify that I am the attorney for the above named debtor(s) and that compensation paid to me within one year before the filing of the petition in bankruptcy, or agreed to be paid to me, for services rendered or to be rendered on behalf of the debtor(s) in contemplation of or in connection with the bankruptcy case is as follows: | | | | | |
| | For legal services, I have agreed to accept | | \$ | 4,000.00 | | |
| | Prior to the filing of this statement I have a | received | \$ | 1,000.00 | | |
| | | | \$ | 3,000.00 | | |
| 2. \$ 310.00 of the filing fee has been paid. | | | | | | |
| 3. The source of the compensation paid to me was: | | | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 4. T | The source of compensation to be paid to me is | s: | | | | |
| | ■ Debtor □ Other (specify): | | | | | |
| 5. | ■ I have not agreed to share the above-disclosed compensation with any other person unless they are members and associates of my law firm | | | | | |
| [| ☐ I have agreed to share the above-disclosed compensation with a person or persons who are not members or associates of my law firm. A copy of the agreement, together with a list of the names of the people sharing in the compensation is attached. | | | | | |
| 6. I | 6. In return for the above-disclosed fee, I have agreed to render legal service for all aspects of the bankruptcy case, including: | | | | | |
| a. Analysis of the debtor's financial situation, and rendering advice to the debtor in determining whether to file a petition in bankruptcy;b. Preparation and filing of any petition, schedules, statement of affairs and plan which may be required;c. Representation of the debtor at the meeting of creditors and confirmation hearing, and any adjourned hearings thereof;d. [Other provisions as needed] | | | | | | |
| 7. By agreement with the debtor(s), the above-disclosed fee does not include the following service: **Representation of the debtors in any adversary proceeding.** | | | | | | |
| CERTIFICATION | | | | | | |
| | certify that the foregoing is a complete statem inkruptcy proceeding. | nent of any agreement or arrangement for paying | ment to me for re | epresentation of the debtor(s) in | | |
| August 8, 2018 /s/ | | /s/ Scott Lyons | | | | |
| Date | | Scott Lyons 103931 | | | | |
| | | Signature of Attorney Law Office of Scott L | vons | | | |
| | | 1010 West Main Stree | | | | |
| | | Visalia, CA 93291 559-636-8122 Fax: 5 | 59-636-0463 | | | |

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Name of law firm

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Brandon R. Silva P.O. Box 10882 Terra Bella, CA 93270

Bsi Financial Services 101 N 2nd St Titusville, PA 16354

Central Busines Bureau 252 North Hockett Street Porterville, CA 93257

Comenitybank/victoria Attn: Bankruptcy Dept PO Box 182125 Columbus, OH 45318

Discover Financial Po Box 3025 New Albany, OH 43054

Financial Credit Network 1300 W. Main St Visalia, CA 93291

Franchise Tax Board Bankruptcy Section, MS: A-340 P.O. Box 2952 Sacramento, CA 95812-2952

I C System Inc 444 Highway 96 East P.O. Box 64378 St. Paul, MN 55164

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